

Independence Homes Limited

Independence Homes Limited - 7 Hall Road

Inspection report

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Date of inspection visit:
24 April 2018

Date of publication:
18 June 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Independence Homes Limited - 7 Hall Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Independence Homes Limited - 7 Hall Road accommodates seven people with a learning disability in one adapted building. The service specialises in supporting people with epilepsy. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. At the time of this inspection there were six people using the service.

This inspection took place on 24 April 2018. At our last inspection of the service in January 2016 we rated the service 'good'. At this inspection we found the evidence not only continued to support the rating of good, we also found for the key question 'is the service effective?' the service had improved to 'outstanding'. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

Relatives told us the care and support their family members received from the service with their healthcare needs and conditions had led to demonstrable improvements in the quality of their life. People's care and support was planned and delivered by staff to help them experience the best possible outcomes in relation to their healthcare needs. To support them to do this staff took a holistic approach when planning how people's needs should be met and accessed a wide range of resources to ensure the planning and delivery of care and support adhered to current best practice and evidence based guidance, legislation and standards.

People were supported to access the services they needed to manage their healthcare conditions effectively to help them live healthier lives. Staff used their good links with the health care services involved in people's lives to ensure people got appropriate support when they needed this. Staff followed the advice and support provided by professionals so that people experienced positive improvements in their health. People were encouraged to eat and drink enough to meet their needs and had meal plans that catered for their specific needs. Staff monitored what people ate and drank and responded quickly to any concerns about this so that people had access to the appropriate support when required. Creative methods were used to support people who were experiencing difficulty in eating which had achieved positive outcomes for people.

Technology and equipment was used to support the delivery of highly effective care and had led to people experiencing positive health related benefits and improvements in their overall wellbeing and quality of life. The provider's bespoke epilepsy alarm system ensured people received timely support from staff when required.

People were safe living at Independence Homes Limited – 7 Hall Road and staff knew how to safeguard

them from the risk of abuse. Staff had access to up to date guidance on how to minimise identified risks to people to keep them safe from injury or harm. Risks posed to people by the premises were in the main appropriately managed. However, the assessment process used to identify environmental risks posed to people was not fully effective as one of the measures identified by the provider to reduce the risk of burns and scalds to people in the premises was not appropriate to this service. The registered manager was already aware this risk assessment needed to be updated and amended and was taking action after this inspection to do this. Notwithstanding this issue the provider had maintained a servicing programme of the premises and the equipment used by staff to ensure those areas of the service covered by these checks did not pose unnecessary risks to people. The premises was clean and clear of slip and trip hazards. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, cleaning the premises and when preparing and storing food. Medicines were stored safely and securely and people received them as prescribed.

Staff followed best practice and acted appropriately when managing behaviour that challenged the service. Senior staff closely monitored and reviewed all incidents when this type of support and intervention was used to check this had been appropriate and in line with best practice. The provider had systems in place to review and investigate incidents or safety concerns about people so that appropriate action could be taken to protect people when required. We noted no formal analysis was done of all incidents that occurred at the service to identify any themes or trends relating to the safety of all of the people using the service. The registered manager said they would look again at current systems for reviewing incidents and safety concerns about people.

There were sufficient numbers of staff to keep people safe and the provider maintained recruitment checks to assure themselves of staff's suitability and fitness to support people.

People and their relatives remained involved in planning and making decisions about their care and support needs so that they would continue to receive personalised care and support. We noted that for two people when setting care goals for tasks and activities intended outcomes needed to be clearer and better documented and records needed to be updated to show that decisions made had fully involved the person and was relevant to their personal preferences and choices.

People were also involved in discussions and making decisions about the design and layout of the premises so that this reflected their choices and preferences for what this should look like. People had a choice of spaces to spend time in when at home and were supported to move freely around the premises with no restrictions. People were encouraged to participate in a wide range of personalised and group activities and events to meet their social and physical needs and to build and maintain friendships and relationships with others. They also had access to education opportunities to develop skills and promote their independence.

The provider had clear values and vision for the service focussed on people experiencing good quality care and support. Staff received regular and relevant training to help them to meet people's needs. They kept their skills and knowledge up to date with current best practice in their respective fields. Staff had work objectives which reflected the values and vision of the service. These were monitored and reviewed through supervision meetings and appraisal. Staff were well supported through this process and motivated to perform well to ensure people experienced a good quality of life at the service.

Staff were caring and attentive to people's needs. Staff knew people well and what was important to them in terms of their day to day support. They knew how to ensure people's right to privacy and to be treated with dignity was respected. Staff supported people to be as independent as they wished to be. They were warm and welcoming towards people's relatives when they visited the service.

People were asked for their consent before care was provided and prompted to make choices. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People, relatives and staff were asked for their views about how the quality of care and support could be improved. They said senior staff demonstrated good leadership and were approachable, supportive and responsive. Senior staff monitored the quality of care and support provided. They undertook surveys, regular audits and unannounced spot checks of the service and took appropriate action to remedy and shortfalls identified. Some aspects of the spot checks needed to be improved so that these consistently gave senior staff meaningful information about the quality of interactions between people and staff. If people and/or their relatives were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

Records relating to people, staff and to the management of the service were secure, accurate and well maintained. The provider supported the service to continuously improve and worked in partnership with others to develop and improve the delivery of care to people.

The service had a registered manager in post who was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Outstanding ☆

The service has improved to outstanding. Care and support had led to demonstrable improvements to the quality of people's lives. Support was planned in a holistic way and adhered to current best practice, guidance and standards.

People were well supported to access the services they needed to help them live healthier lives.

People's nutritional needs were met and creative methods were used to support people who had difficulty eating and drinking enough to meet their needs.

Technology was used to ensure people received timely and effective support when needed. The design and layout of the premises supported people to move freely without restrictions.

Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Independence Homes Limited - 7 Hall Road

Detailed findings

Background to this inspection

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

This inspection took place on 24 April 2018 and was unannounced. The inspection was undertaken by a single inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, acting manager and two care support workers. As most people using the service were unable to speak with us we observed interactions between people and staff. We looked at three people's care records. We reviewed medicines management arrangements, records relating to staff recruitment, training and supervision and other records relating to the management of the service, including policies and procedures.

After the inspection we spoke to four people's relatives to gather their views of the service and the support their family member received.

Is the service safe?

Our findings

Relatives told us their family members were safe at the service. One relative said, "I feel [family member] is very safe at Hall Road. There have been no incidents of [family member] not being safe." Another relative told us, "[Family member] trusts their carers...we've not had an issue about [family member's] safety and wellbeing."

Since our last inspection staff continued to be supported by the provider to protect people from the risk of abuse or harm. Staff received regular and relevant training in safeguarding adults at risk and told us they would follow the provider's procedure for reporting any concerns they had about people to the relevant person and/or authority. Staff also received training in equality and diversity so that they were aware of their responsibility for ensuring people did not come to harm from discriminatory practices or behaviours from others. Senior staff monitored and reviewed incidents involving people to check for any indicators that a person may have been subjected to abuse or harm. The registered manager said any concerns identified through these checks would be reported to the appropriate investigating local authority. The registered manager understood their responsibilities for ensuring concerns were reported immediately to the appropriate investigating local authority and for working proactively with other agencies to ensure people received appropriate protection and support when required.

Risks posed to people by their specific healthcare conditions continued to be assessed, monitored and reviewed. This meant staff had access to up to date guidance on how to minimise these risks to keep people safe from injury or harm. For example, some people were at risk of injury from falls and their support plans set out for staff how they could minimise this risk through the support they provided. This included assisting people to move and transfer safely, ensuring people wore appropriate protective equipment where required and removing slip and trip hazards around the premises so that people could move freely and safely around. Staff had a good understanding of the specific risks to each person and how they could support people to stay safe with the minimum amount of restrictions.

The provider had measures in place to reduce identified risks posed to people by the premises and equipment. For example, we saw guards on radiators to reduce the risk of people being burned by the hot surface and restrictors on windows to minimise the opening to prevent people from falling out. However the assessment process used by the provider to identify environmental risks posed to people was not fully effective. One of the measures identified by the provider to reduce the risk of burns and scalds to people in the premises was to use induction hobs for cooking. The registered manager told us the service used a gas hob. There was no separate risk assessment for the use of the gas hob and how this could pose a risk of injury or harm to people. The registered manager told us they were already aware this risk assessment needed to be updated and amended and was taking action after this inspection to do this.

The provider continued to maintain a programme of maintenance and servicing of the premises and of the equipment used, to check these did not pose a risk of injury or harm to people. Checks had been undertaken within the last twelve months of the gas heating system, water hygiene, fire equipment, alarms and emergency lighting, lifting equipment and portable electrical appliances used at the premises.

Staff followed best practice and acted appropriately when managing behaviour that challenged the service. Staff had been trained in the use of positive behaviour support techniques and physical interventions which equipped them with the skills needed to help keep people safe from abuse or harm through appropriate intervention and management of behaviour that may have challenged the service. Senior staff closely monitored and reviewed all incidents when this type of support and intervention was used by staff to check they had followed the behaviour support and intervention plan for the person and that this had been appropriate and in line with best practice.

The provider had systems in place to review and investigate incidents or safety concerns about people so that appropriate action could be taken to protect people when required. We saw incidents involving people had been reviewed on an individual basis by senior staff to discuss any learning in terms of new, emerging or changing risks to them so that appropriate measures could be put in place to ensure their continuing safety. We noted no formal analysis was done of all incidents that occurred at the service to identify any themes or trends relating to the safety of all of the people using the service. We discussed this with the registered manager who took on board our feedback and said they would look again at current systems for reviewing incidents and safety concerns about people.

There were enough staff at the time of this inspection to support people safely. A relative said, "They always have enough staff on and they're always on the ball." Staff rotas took account of the level of care and support people required each day to ensure there were sufficient numbers of staff on duty to support people safely. Staffing levels were reviewed as the level of people's needs and dependency changed and we saw a good example of this for one person who due to a change in their behaviours required more one to one support to ensure their safety during the day and night. All staff had been trained in fire safety and first aid which meant staff should be able to respond appropriately to emergencies any time of the day or night.

The provider maintained appropriate recruitment procedures to check the suitability and fitness of any new staff employed to support people. We looked at the records of a staff member employed since our last inspection and found the provider had checked their eligibility to work in the UK, took up character and employment references for them, sought evidence of their qualifications and training, assessed their physical fitness to work and undertook an appropriate criminal records check.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions which indicated people received their prescribed medicines when required. We saw protocols in place to instruct staff on when and how to give people their 'as required' medicines (PRNs). Medicines were stored safely and securely. Staff at the service and from the provider's organisation undertook regular audits of medicines to seek assurances these were being managed safely and appropriately. Staff had received recent training in the safe handling and administration of medicines and their competency was routinely reviewed by senior staff.

All staff were trained in infection control to support them to minimise risks to people that could arise from poor hygiene and cleanliness. Staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene and how they could reduce the risk of spreading and contaminating people with infectious diseases through their working practices. We saw the environment was well maintained and communal toilets and bathrooms were clean and equipped with soap and hand towels to promote good practice in hand hygiene.

Since our last inspection, the service had improved their food hygiene rating issued by the food standards authority from '4' to '5'. This rating was awarded to services that have 'very good' hygiene standards. Staff

had received training in basic food hygiene so that they were aware of the safety procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

Is the service effective?

Our findings

Relatives told us the care and support their family members received from the service with their healthcare needs and conditions had led to demonstrable improvements in the quality of their life. One relative said, "[Family member] has very complex needs and Hall Road have mastered [their] care needs wonderfully well. [Family member's] consultants are very pleased with the way [they are] looked after in relation to [their] needs...[Family member] has got a better quality of life there than when [they] lived with us." Another relative told us, "Absolutely brilliant...they see to all [family member's] needs and definitely have a good understanding of [their] needs." Another relative said, "I feel all aspects of [family member's] care and wellbeing are met...this has improved the quality of [family member's] life." And another relative said, "I'm really pleased with the care [family member] gets. I don't believe I would get better elsewhere."

People's care and support was planned and delivered by staff to help them experience the best possible outcomes in relation to their healthcare needs. Staff at the service had access to a wide range of resources to ensure the planning and delivery of people's care and support adhered to current best practice and evidence based guidance, legislation and standards. Within the provider's organisation there were in-house teams made up of epilepsy nurse specialists, therapists and a homeopath that provided specialist support, advice and guidance to all of the provider's services. Staff also had access to resources to help them support people to make decisions about their care and support which took account of their diverse needs to reduce risks to them from discrimination. For example, the 'Well Being Manager' provided information, advice and support to people who needed this regarding relationships, sexuality and sexual health which was focussed on promoting people's rights and their personal health and safety. Staff within these in-house teams kept their skills and knowledge up to date with best practice in their respective fields by attending national conferences, undertaking training in new developments and accessing professional networks for advice, support and guidance when required. Externally the service had a long established working partnership with the specialist epilepsy unit at Kings College Hospital in London. This enabled staff to access the latest information, guidance and current best practice in epilepsy care and management as well as sharing with specialists in the field of epilepsy care their own learning and experiences of supporting people living with this condition.

Staff at the service took a holistic approach when planning how people's care and support needs should be met. They used the expertise, knowledge and skills of their in-house colleagues to assess the appropriate support people needed to manage their medical conditions and their physiological health needs. All of the person's needs were considered together so that the support that was planned for them to meet all their needs would be complementary. This helped to ensure that people experienced positive outcomes in all aspects of their health and wellbeing. We saw a good example of this for one person where the support planned for them to help manage their epilepsy used a combination of traditional medical treatments complemented by physical therapies and herbal homeopathic remedies so that the person experienced positive outcomes in relation to their overall physical, emotional and mental health and wellbeing. After the assessment process staff continued to work collaboratively with in-house colleagues and held monthly meetings with them to discuss the current health and wellbeing of each person. At these meetings they discussed the effectiveness of the planned care and support people received and whether this was

achieving the required outcomes. This helped staff to act quickly and take the appropriate action in response to any identified changes in people's healthcare needs.

The provider used technology and equipment to support the delivery of highly effective care. We saw a good example of this for one person who prior to using the service had not been utilising their vagus nerve stimulator (VNS) as part of their day to day care as their relatives had not been fully assured of the benefits of this treatment. Vagus nerve stimulation therapy is used as treatment for epilepsy to help reduce the frequency of seizures. Staff at the service with support from their in-house colleagues reviewed the use of the VNS and provided the person's relatives with up to date information and advice about the benefits of restarting this treatment. The person's relatives agreed to restart the treatment and we saw from seizure monitoring records maintained by staff the person had experienced a significant decrease in the number of seizures they had experienced. In addition to the positive health related benefits this provided the person this had enhanced the quality of their life in other ways as this had given them confidence to try out new activities and pursue personal interests that had led to improvements in their overall wellbeing and enjoyment of life.

Staff continued to undertake regular and relevant training to help them to meet people's needs. This included refresher training to keep their knowledge and skills up to date with current best practice. New members of staff could only support people unsupervised on completion of their induction training and once senior staff were satisfied of their competence to do so. A staff member said, "Staff are really well trained right from the start and the induction is excellent." Staff had individual supervision (one to one) meetings with their line manager as well as an annual performance appraisal. This provided them with opportunities to reflect on their work practices and behaviours, discuss any issues or concerns they had about their role and identify how they could improve through further training and learning.

People were encouraged to eat and drink enough to meet their needs. Staff had access to detailed information about people's individual dietary needs which included guidance about people's likes and dislikes any food allergies they may have and any specialist diet they followed due to their cultural, religious or health needs. People had meal plans that catered for their specific needs. Staff monitored what people ate and drank and used this information to inform monthly meetings with their in-house colleagues. At these meetings staff reviewed whether people were eating and drinking appropriate amounts to meet their needs, discussed any potential issues that may be impacting on this and identified any additional support that people may need with this. We saw a good example of this for one person who staff identified was gaining weight. Staff discussed with their in-house colleagues all aspects of the person's current care and support and identified that specific medication could be contributing to this. As a result, changes to the person's medication were requested and the person was referred to an external healthcare specialist for help with planning a specialist diet that would help the person manage their weight whilst reducing the impact this had on their specific healthcare condition.

Staff responded quickly to any concerns about people's food and fluid intake. One person's external specialist consultant overseeing their healthcare requested a specialist diet be put in place to help improve the person's overall health and wellbeing. The in-house nutritionist immediately developed a new menu for the person that catered for this specific need which staff implemented straight away. Creative methods were used to support people who were experiencing difficulty in eating. One person had a specific eating routine they followed which proved challenging for staff when the person started to experience weight loss. Traditional methods such as the use of nutritional supplements taken in addition to meals would have been ineffective for this person as they refused to take them. Staff sought advice from an external healthcare specialist and followed their guidance to supplement the meals the person ate as part of their routine with fortifying ingredients to ensure the person got the nutritional benefits they needed to help manage their

weight in a way that suited them. The person had since gained weight safely. In recent feedback (April 2018) provided to the service by the medical nutritionist they had commented, "All of your staff show time and time again that they really care for all of the service users in their care, and go above and beyond any other service I work with in this regard."

People were supported to access the services they needed to manage their healthcare conditions effectively to help them live healthier lives. The links the service had with the specialist epilepsy unit at Kings College Hospital in London meant staff could seek referrals and support for people with regard to the treatment and management of their epilepsy. Nurses from the specialist unit attended locally run clinics hosted by the provider to support people with their specialist needs so that people didn't have to travel to London for these appointments. This had proven beneficial for people who sometimes found it challenging to travel to London for their appointments. Staff used their links with the health care services involved in people's lives to ensure people got appropriate support when they needed this and followed the advice and support provided so that people experienced improvements in their health. We saw for one person with a chronic debilitating condition staff worked with the external specialist consultant overseeing this aspect of the person's care to identify more creative ways of managing and treating this condition as the person could not tolerate conventional treatments. We saw staff rigorously followed the guidance provided by the specialist consultant and at a recent follow up visit to the consultant they had noted 'positive improvement' in the person's condition which could be attributed to the support provided by staff.

People were involved in discussions and making decisions about the design and layout of the premises. At the time of this inspection the service was going through a refurbishment programme of the premises. A new kitchen had been fitted and people had been asked to choose a colour scheme to complement this which they had. The lounge was in the process of being refurbished and people were actively involved in choosing the colour scheme and furnishings they wanted in this. Some people were creating artwork for the newly refurbished spaces to decorate the premises. Each person's room was highly personalised to their own taste and preferences and we saw rooms were decorated and furnished with pictures and items that were meaningful to people. Besides their own room, people had a choice of spaces to spend time in including the living room, dining room and a large well maintained garden. Corridors were wide enough for people to move freely around the premises and we saw people were free to spend their time as they wished with no restrictions placed on them.

Staff continued to assess, monitor and review people's capacity to make and to consent to decisions about their care and support needs. Staff ensured people's relatives or representatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they remained

appropriate to the needs of the person.

Is the service caring?

Our findings

Relatives spoke positively about staff. One relative said, "Staff are very caring...never found one that wasn't." Another relative told us, "Staff are very committed." Another relative said, "They have [family member's] best interests at heart." And another relative told us, "I feel the staff there have the right attitude. They put people first and their needs." Healthcare professionals also spoke positively about staff and commended them for the support provided to people. One had written to the service to give positive feedback about the support staff had provided to a person when they had been in hospital. They described staff as "brilliant". Another healthcare professional had written to the registered manager to commend them for their professionalism and attention to detail when liaising with them about the person's healthcare needs.

During the inspection we observed warm and caring interactions between people and staff. We saw staff were present and providing support and assistance to people when this was required. People responded positively to staff and appeared at ease in their company. Staff gave people their full attention and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible. They gave people the time they needed to communicate their needs and wishes and then acted on this. It was clear staff knew people well by the level of knowledge and understanding they displayed about people's needs, preferences and wishes.

People had complex communication needs and staff helped them to express their views in a way that was relevant and appropriate to the person and their needs so that they could make day to day choices and decisions about their support. A relative told us when their family member wished to have a snack, staff opened the fridge and let the person point out and choose the bits of food they wanted to eat. They said, "That may not sound like a lot but I know my [family member] is happy because they're eating something they chose for themselves. [Family member] feels they need to be in control and they are." We saw for another person their preferred method of receiving and communicating information was through the use of pictures. We saw a good example of this where the person was helped to be reminded about what day it was and the current weather. Staff encouraged the person to look out the window and then showed them different pictures for the person to decide what kind of day it was outside. This then helped to inform the person's choices about what to wear as well as orientate the person to the date and time.

Staff provided information to people and their relatives from external bodies and organisations that helped them to gain greater insight and understanding about their specific healthcare conditions and how this may impact on their on-going and future needs. We saw a good example of this for one person with a specific healthcare condition. Their family members were unable to attend a national conference for families of people with living this condition and asked the registered manager to attend on their behalf. The registered manager told us this they were able to bring back information and advice about this condition and shared this with family members to help inform their understanding about the impact of this condition on the person and how this may affect their future healthcare needs. The registered manager also shared this learning with all staff so they were better informed about this condition and able to support the person and their family with more understanding and empathy about how this impacted on them and their day to day lives.

Staff respected people's right to privacy and to be treated with dignity. People's support plans prompted staff to ensure support was provided in a dignified and respectful way at all times. We saw when supporting people with more personal aspects of their care staff ensured this was done in the privacy of the person's room or the bathroom. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included asking people for their permission before providing care and taking on board their choices about this, ensuring people's doors were kept closed when supporting people with their personal care and respecting their privacy when people wished to be left alone. Staff spoke about people in a kind and respectful way. They were sensitive and discreet and did not openly discuss personal information about people.

People were supported to be as independent as they could be. We saw a good example of this for one person who had been supported to learn skills they didn't have prior to using the service to help them do tasks and activities with minimum support from staff. The person was now able to prepare light snacks and drinks, helping with washing up and laundry and carry out simple shopping tasks. In feedback provided to the service by the person's relatives they had commented that the skills learnt by their family member had 'greatly enriched' the person's life.

Staff were warm and welcoming and placed no restrictions on visitors. Relatives told us they were made to feel welcome in the home and all staff were accessible and accommodating to their and their family member needs.

Is the service responsive?

Our findings

Since our last inspection people and their representatives continued to be involved in the planning and delivery of their day to day care and support needs. Care records showed that people and their representatives were present during assessments and reviews of their needs and encouraged to have a say in how these should be delivered. This helped to ensure that the day to day support provided to people was personalised and specific to their choices and preferences. People's records showed they had current support plans that reflected their choices and preferences and took account of their social and cultural needs, values and beliefs. For example, for one person, celebrating their faith and cultural heritage was important to them and their family and their support plan reflected this. Their meals were planned so that they could eat food that was culturally specific to them and they were supported to celebrate important festivals and events linked to their faith and heritage.

People's support plans covered all aspects of their day to day lives such as their personal care needs, dietary needs, their physical and psychological health, support to manage personal finances and support with their social needs. People's routines were set out in detail with specific instructions for staff about the level of support they were required to provide to ensure that people's needs were fully met at all times. Detailed information about how people communicated their needs verbally and non-verbally was available to staff in their records. This helped to ensure staff could understand and respond appropriately to people's choices and preferences as well as to provide information to people in a format that met their specific communication needs. We saw for one person the use of pictures was their preferred method of communicating and understanding information and staff were instructed on how to use these when providing care to help the person understand what support was about to be provided. Staff displayed good understanding and awareness of the needs of people they cared for and told us the training they received helped them to deliver the support people required.

The provider had enhanced and improved their bespoke epilepsy alarm system in response to people's changing needs so that people would receive more timely support when required. The current system enabled staff to detect seizures more quickly, warn staff a person had fallen out of bed and was used by people to call for help if they needed their assistance or help. Information recorded by the system provided useful data about people's seizures which could then be used to inform reviews of people's care and support.

People continued to be supported to take part in activities to meet their social and physical needs. They were encouraged by staff to pursue their hobbies and interests. One person interested in Art was helped to attend art classes in the community and to showcase their work at local events. Staff supported people to set goals to help them acquire or relearn skills and tasks to undertake activities they were interested in pursuing. One person wished to learn how to swim and with support from their keyworker (a staff member responsible for meeting with a person regularly to discuss their needs and any changes required to the support they received) the person agreed the steps they needed to take to achieve this goal. Their progress was reviewed with their keyworker each month and we saw the person had successfully achieved some of the steps agreed and well on their way to achieving their overall goal.

For another person we saw their goal was to increase their level of control and independence in undertaking specific tasks. A step by step programme was planned for how this goal would be achieved. We noted however this plan did not specify how the person and staff would recognise that each step towards the person's goal had been achieved. The registered manager told us the indicator for this would be when the person was able to undertake each step of their plan consistently, but acknowledged that this had not been defined to help the person and staff recognise that this had been achieved. For another person their goal was to ride a bike again. However it had not been recorded on their records how this goal had been agreed with them. The information on the person's records suggested this goal had been set by staff based on advice from a sports therapist from the provider's in house team. The registered manager and acting home manager told us the person and their family had also been involved in discussions around this goal and the decision to set this was based on prior knowledge family and staff had about the person's enjoyment and experiences of this activity. The registered manager acknowledged that the person's records should be updated to show how this decision was reached to demonstrate that the goal was specific and relevant to the person and their personal preferences and choices.

In addition to person centred activities people were supported to attend activities delivered through the provider's in-house 'FOCUS' programme such as sport and fitness classes, arts and crafts sessions and social gatherings and events. Many of these activities were delivered across the provider's other services providing people opportunities to make new friendships and relationships with others and maintain a social network to help reduce the risk of becoming socially isolated. Staff also arranged social outings such as meals out, day trips and holidays abroad for people take part in and enjoy. People had access, if they wanted this, to a range of courses and programmes delivered by the provider aimed at helping them to learn skills for promoting their personal independence. Four people were also attending college regularly to acquire new skills and learning as part of their personal development.

Relatives were satisfied with the support provided to their family members. One person told us, "We're very pleased with the care [family member] receives there." Another relative said, "They do everything very well... they see to all [family member's] needs." And another relative told us, "[Family member] has been there for some time...very happy with the service." Responses from the provider's last relatives survey in October 2017 indicated a good level of satisfaction with the service. Relatives said senior staff were responsive in handling their queries and dealt with any concerns they had in an appropriate way. If people had concerns and complaints, the provider continued to maintain appropriate arrangements for dealing with these. The complaints procedure was made available in an accessible format for people to raise their concerns, for example in pictorial form so that this was easier to read and understand. Records showed when a complaint had been made, senior staff had conducted an investigation and provided appropriate feedback to the person making the complaint.

The service was participating in a pilot initiative with Royal Marsden Hospital aimed at improving end of life care for people with a learning disability. Through this initiative staff at the service had received training to support people at the end of their life. Although the need for this support was not required at the time of this inspection these skills and knowledge would ensure that people would be afforded the comfort and dignity they deserved at the end of their lives if this need should arise.

Is the service well-led?

Our findings

Relatives spoke positively about senior staff at the service and said they were accessible and supportive when they needed them to be. One relative said, "Managers are very good. [Registered manager] is excellent." Another relative told us, "I can speak to the managers and they will sort out any issues." Another relative said, "I think the service is well managed. The acting manager is very proactive." And another relative told us, "I think we work really well together. They're very supportive and provide the information I need. It's like a partnership." We observed the registered manager and acting manager interacting with people during our inspection. During our inspection people came to visit the managers in the main office. They looked happy and pleased to see them and appeared to know both managers well. Staff felt well supported by managers at the service. One staff member said, "We have good management here. The [registered manager] knows everything!" Another staff member told us, "[Managers] are supportive and we can approach them with questions... there's a more honest environment and much more openness. I don't feel I'll be punished (when things go wrong)."

The provider had clear values and vision for the service which were focussed on people experiencing good quality care and support. All staff were set work objectives which reflected these values and vision which were monitored and reviewed through individual supervision meetings. Staff appeared motivated to perform well to ensure people experienced a good quality of life at the service. The provider operated an employee recognition scheme which financially rewarded staff when they had demonstrated good working practices and behaviours that contributed to people experiencing good quality support. One staff member said, "We (staff team) are good. Here, people go out and go on holidays. We feel we've got people's best interests at heart." Another staff member told us, "The staff team is really good and works well as a team and everyone supports each other. I feel people have a good quality of life here." Managers were encouraged to continue to develop their leadership skills if they wished and the provider ensured they had access to the resources they needed to do this.

The service continued to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their registration responsibilities and submitted statutory notifications when required about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

Since our last inspection the management arrangements at the service had changed. The registered manager now had management responsibility, in addition to this service, for another of the provider's other services. The registered manager was being supported with day to day management functions at this service by an acting manager who had previously been the deputy manager for this service. We were made aware at this inspection that this arrangement would be changing again shortly due to the successful progression of the acting manager within the provider's organisation. The registered manager told us the provider would be recruiting a permanent replacement for the acting manager but this would revert back to the position of

deputy manager. Feedback from relatives indicated they had no concerns about the current management arrangements at the service.

People, relatives and staff were engaged and involved in developing the service. People could share their views and suggest improvements through monthly key worker meetings and annual surveys. People could also attend bi-monthly 'service user boards' hosted at provider level and attended by people using all of the provider's services as well as senior managers within the provider's organisation where they were provided an opportunity to tell senior managers within the organisation what they thought about services and how these could continuously improve. Relatives were asked for their views through surveys. Responses from the last survey in October 2017 showed they were encouraged to state what aspects of the service could be improved. We saw suggestions had been by a relative about the environment and the registered manager confirmed that the service was currently undergoing a refurbishment programme of the premises. A new kitchen had been fitted, new flooring was put in place in some parts of the home and new items of furniture had been purchased. Further improvements were planned for other parts of the premises. Staff's views about the service were sought through individual supervision, staff team meetings and through the provider's annual employee survey which the provider used to monitor staff morale and any issues or concerns staff had that may be impacting on this.

The provider continued to monitor, assess and improve the safety and quality of the service. Senior staff at the service and from within the provider's organisation undertook regular checks of key aspects of the service. Checks covered areas such as medicines management arrangements, the quality of people's care records and support plans, the management of people's finances, checks of records relating to staff and environmental health and safety checks. When these checks highlighted aspects of the service that fell below required standards, staff made the required improvements in a timely manner. For example, following an internal medicines audit by clinical staff from the provider's organisation staff at the service had responded promptly in making the required improvements and met the required the standard by the next audit.

Observations of the quality of care provided to people were also undertaken along with unannounced management visits of the service at nights and weekends. These were predominantly undertaken by senior staff from the provider's other services. We noted the quality of the findings from these visits was variable in terms of providing the service useful information and feedback about staff's current working practices and the experiences of people using the service. For example following an unannounced visit by a senior staff member, they provided a follow up report which provided good information and examples of the quality of people's interactions with staff. However at the next unannounced visit, undertaken by a different senior staff member, their follow up report stated the tasks or activities they had witnessed but with no analysis provided of the quality of the engagement between people and staff, which provided no useful insight for the managers of this service. We discussed this with the registered manager who said they would discuss this at the next manager's meeting attended by senior staff from all of the provider's services, to see how this process could be more consistently applied so that services received useful and meaningful information about the day to day care provided to people.

The provider also had a 'family quality checkers' scheme' in place scheme which fed into the provider's quality assurance framework and was made up of relatives of people using the provider's services, who carried out unannounced audits of services to check the quality of care and support provided to people. We were aware from previous information we had received from the provider, based on feedback from relatives, this scheme was currently under review and action was being taken to raise the profile of the scheme and the benefits this provided. This would help more relatives feel more assured about the effectiveness of the scheme and the value this gave in terms of improving service quality.

Records relating to people, staff and to the management of the service were accurate, up to date and well maintained. These were kept securely to ensure these remained confidential. Only staff authorised to do so could access these records to support them in their role and in the provision of their duties.

The provider continued to work in partnership with other agencies and professionals to develop and improve the delivery of care to people. For example, the service was participating in the Sutton Homes of Care Vanguard Initiative. When people needed emergency support from healthcare professionals, staff made sure these professionals had access to the person's individual 'Red Bag' which contained current information about their general health, any existing medical conditions they had, the medication they took and any current health concerns. This would provide ambulance and hospital staff with the information they needed in an emergency to help them determine the treatment the person needed more effectively. The service was also participating in a pilot initiative aimed at improving end of life care for people with a learning disability. The outcomes from this work will be used by NHS England to design and deliver best practice guidance and support to relevant care providers nationally.