

# Cygnet Learning Disabilities Midlands Limited

## Birches

### Inspection report

Eton Avenue  
Newark  
Nottinghamshire  
NG24 4JD

Tel: 01636550576

Date of inspection visit:  
08 November 2018

Date of publication:  
04 December 2018

### 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

We completed an unannounced inspection at the Birches on 8 November 2018. Birches is a care home and accommodates up to six people with a learning disability and or autism. On the day of our inspection, five people were living at the service.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

We carried out an unannounced comprehensive inspection of this service on 25 July 2017. Breaches of legal requirements were found and the service was rated as 'Requires Improvement'. This was in relation to how staff were supported to provide effective care and support. People who used the service were found not to receive care and support that was based on their individual needs, interests and preferences. After the comprehensive inspection, we served a warning notice on the provider in relation to the governance of the service. The warning notice required the provider to become compliant with the legal regulation within a specified timescale. We inspected the service on 7 November 2017 and found the provider had made the required improvements in the governance of the service. This inspection reviewed if the provider was compliant with the two remaining legal requirements and how the fundamental standards of care were being met.

Since our last inspection, a new registered manager had been appointed and was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had made the required improvements in the breaches of legal requirements.

People were protected from abuse and avoidable harm because staff had received adult safeguarding training and followed the provider's safeguarding policies and procedures. This included being aware of the provider's whistleblowing process that supported staff to report any concerns of poor or abusive practice.

Risks associated with people's needs, including the environment had been assessed and staff had clear and up to date guidance of the support required to manage known risks. People had complex needs and

positive behavioural support plans were used, to provide staff with guidance of how to manage behaviours safely and effectively. Staff had received accredited refresher training in the safe practice of physical intervention and were clear, this was only used as a last resort and in the least restrictive way.

People were supported by staff who had been safely recruited to ensure, as far as possible, they were suitable to care for people. The staffing levels and deployment of staff considered staff skill mix and met people's individual needs including wellbeing and safety.

Medicines management followed nationally recognised best practice. People received their medicines safely and in a way, they preferred. People's medicines were reviewed by external healthcare professionals, to ensure they received the most appropriate medicine that met their needs.

People were protected from the risks associated with infections and cross contamination. Infection control practices were understood and followed by staff and the service was clean and hygienic.

Incidents were recorded, monitored and analysed to ensure people received safe support and if lessons could be learnt to reduce further risks. Staff worked with the provider's clinical team in effective and safe ways of supporting people with behaviours that could be challenging to the person and others.

People received an assessment of their individual healthcare, social and wellbeing needs prior to moving to the service. The pre-assessment also considered people's protected characteristics under the Equality Act, to ensure they did not experience any form of discrimination. People's needs were carefully assessed to ensure they were compatible with the needs of other people living at the service. Before people moved to the service they visited the service, this is known as a transition plan. This supports and prepares the person to familiarise themselves to their new environment and support.

People were supported by staff that had received an induction and ongoing training relevant to their needs and support. This supported staff to provide effective care. Staff received regular opportunities to discuss their work, training and development needs.

People received sufficient to eat and drink, they were involved in menu planning and staff encouraged healthy eating and independence was promoted. People's physical and mental health needs were assessed, planned for and monitored. Staff worked effectively with health care professionals to support people with their health needs.

People lived in an environment that met their individual needs and preferences. They had a choice of where to spend their time. This included two safe external areas, where sensory opportunities had been created.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005.

People were supported by staff, who were caring, compassionate and who knew their needs, preferences and what was important to them. Staff respected people's privacy and dignity, encouraged people with choice making, and promoted independence. Independent advocacy support was made available if required. People who used the service were involved in decisions on their daily care and support needs as fully as possible. Relatives and external professionals were involved in meetings to discuss and agree how care and support was provided.

People's diverse needs, routines, preferences and what was important to them had been assessed and support plans provided staff with detailed information of how to support people. Staff had a person centred approach in how they supported people and social inclusion was promoted. People received support to pursue activities of interest and to explore and try new experiences. People were part of their local community.

There was an open and inclusive, person centred approach with a clear vision and plan of how the service was to further develop. The registered manager was highly experienced and skilled in working with people living with a learning disability and or autism. They led by example and were a strong and supportive leader. There were systems and processes in place that monitored quality and safety and there was good oversight and accountability by the management team and senior leaders within the organisation.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had received training in safeguarding procedures to support people from abuse and avoidable harm.

Risks associated with people's needs were effectively managed. The environment had regular checks and monitoring on health and safety.

There were sufficient staff to meet people's needs and staff skill mix was considered and planned for.

Medicines management and infection control followed nationally recognised best practice.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that received an appropriate induction and ongoing training and support.

People received choices of what to eat and drink, independence was promoted and healthy eating encouraged.

Staff worked effectively with health care professionals to support people with their health needs.

People lived in an environment that met their needs and safety.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and had a person centred approach in how they supported people.

People were involved as fully as possible in their care and

support. independent advocacy information was available if required.

People's privacy and dignity were respected by staff and independence was promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff had information and guidance about people's diverse needs. People were supported with activities and community opportunities.

The Accessible Information Standard had been considered when assessing and meeting people's communication and sensory needs.

People had access to the provider's complaint procedure.

End of life plans were not in place as not currently required but consideration of end of life wishes were expected to be explored.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was strong leadership, oversight and accountability of the service.

Relatives and staff felt involved in the development of the service. There was an open and transparent culture and a commitment to continually improve the service.

Staff worked well the provider's clinical team and external professionals. The service was a part of their local community.

# Birches

## Detailed findings

### Background to this inspection

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

This comprehensive inspection took place on the 8 November 2018 and was unannounced. The inspection team consisted of one inspector.

To assist us in the planning of the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority and health commissioning teams, and Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection, we were unable to gain people's views and experience of their care due to their level of communication needs. We therefore used observation of how staff interacted with people in communal areas, to help us understand people's experience of the care they received. During the inspection we spoke with a visiting relative and after the inspection visit, we spoke with two other relatives for their views about the care their family member received.

During the inspection we spoke with the registered manager, deputy manager, operations director, a team leader, two support workers, a housekeeper and cook.

We looked at the care records of three people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the service ensured the quality of the service; these included the management of medicines, staff training

records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records.

## Is the service safe?

### Our findings

People were protected from abuse and avoidable harm. Relatives were confident their family member was supported by staff to remain safe. A relative said, "[Name] is safe, staff provide reassurance all the time which is really important to [name]." Another relative said, "I would know through [name]'s behaviour if they were unhappy and didn't feel safe. They are always happy and relaxed to return from visiting me and this tells me they feel safe."

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination. A staff member said, "We report any concerns, people have the support they need to keep safe, but we make sure restrictions are as minimal as possible." Staff told us they had received training to support them in keeping people safe and training records confirmed this. The provider had safeguarding policies and procedures in place to guide practice and the management team had followed the multi-agency safeguarding procedures when necessary to safeguard people. This meant people could be assured staff were clear about the action required to protect them.

The registered provider had policies and procedures such as whistleblowing to support staff to raise any concerns confidentially. A 'whistle-blower' is a staff member who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff were aware of these procedures and told us they would not hesitate to use them to report any concerns.

Risks associated with people's needs were safely and effectively managed. Relatives told us how they had been involved in discussions about how risks were assessed and managed. A relative said, "I feel positive that staff have got to know [name] really well and understand how to support them with their behaviour." Another relative said, "The approach of staff is good in managing risks around behaviours. [Name] is settled and much calmer. I feel involved, we work together and sort any concerns together."

Staff were knowledgeable about risks associated with people's needs and spoke confidently about how they supported people to remain safe, but equally respecting their choice and control. A staff member said, "The environment and approach in managing behaviours that challenge has improved, we have more support and clear direction. It's a different atmosphere people are more relaxed." Our experience concluded what we were told. At this inspection we were able to be within the company of people, as opposed to our previous inspections, where we had limited contact with people due to health and safety issues relating to people's behaviour.

Risk assessments had been completed and were reviewed regularly and updated when required. Positive risk taking was apparent, for example people were supported to go out daily and consideration as to how they were supported, depended on their mood and behaviour. This included the use of different vehicles dependent on each person's needs or how staff supported people locally on foot. A relative told us how their family member had been supported to try new activities for the first time. They went on to say that this was important because the person had experienced negative and restricted opportunities at their previous placement.

People had complex needs and behaviours that required staff to be skilled and sensitive in how they supported people at times of heightened anxiety that affected their mood and behaviour. We found staff supported people effectively, they had a calm and responsive approach, where positive reinforcement was used. Staff's approach was to reassure the person they were safe, this was done by verbal affirmation and by use of diversional techniques. These methods were seen to have a positive impact on people where they became calm and relaxed within a short space of time.

Positive behavioural support plans provided staff with clear and detailed information of how to support people safely using best practice guidance. Staff had received accredited physical intervention training, but were clear that this was only used as a last resort to manage any behaviours that posed a risk to the person or others. A staff member said, "We use diversional approaches and this in the main works. Physical intervention is used as a very last resort. Sometimes a change of face (different staff) can make the difference."

Individual plans were in place to support people in the event of an emergency requiring people to be safely evacuated from the service. For example, in the event of a fire. Safety checks were completed on the internal and external environment and premises. This included fire, health and safety and the protection from legionella. This is bacteria that can be found in the water supply and can cause serious illness. A business contingency plan was in place and available to staff of the action required to take during emergencies.

On the day of our inspection, there were sufficient staff available and deployed to meet needs safely and effectively. Relatives were confident their family member had the support of staff that were competent. A relative said, "[Name] has staff with them all the time for their safety and they have got to know them really well and understand their needs."

The staff rota matched the staff available and the management team told us how they considered people's dependency needs and staff experience and skill mix. The management team told us they considered staffing levels of four, as a minimum were safe. We did not agree with this, due to the level and complex needs of people and the staffing required if physical intervention was required. The registered manager assured us they would review the minimum staffing levels and increase this to ensure people's safety at all times. Following our inspection, we received information from the management team to confirm they had taken action to increase staffing levels as discussed.

People were supported by staff who had been through the required recruitment checks to determine their suitability to provide safe care and support. These included references and criminal record checks. Recruitment files showed the necessary recruitment checks had been carried out prior to staff commencing their employment.

People received their medicines safely. Staff received ongoing medicines training and competency assessments on their practice. The provider had up to date medicines policy that reflected national best practice guidance to support staff. Medicine audits were completed to check medicines were managed, stored and administered correctly and these were found to be up to date. Staff had information such as people's known allergies, their preference of how to receive their medicines and how to safely administer medicines prescribed to be given as required. Our checks on medicines management were found to be good. This included the ordering, storing, administration, process to return medicines and how medicines were managed when people left the service on visits. This meant people could be assured staff followed best practice guidance in the management for their prescribed medicines.

Staff were aware of infection control measures and how to protect people from the risk of cross

contamination. Cleaning schedules were in place and up to date, and the service was found to be clean. Staff wore personal protective equipment such as gloves and aprons when required and were aware of good hand hygiene. Staff had received infection control training including food hygiene and had policies available to inform practice that reflected nationally recognised best practice guidance.

The provider had systems and processes in place to record, monitor and analyse incidents. All incidents were reviewed by the management team and reported to senior managers as part of the provider's reporting procedures. This included post incident discussions with staff to consider what worked well and what could have worked better. The staff team worked positively with both internal and external health and social care professionals, to effectively and safely manage people's needs to gain positive outcomes for people. For example, there were regular multi-disciplinary meetings to review people's needs, including behavioural incidents, and changes were made to risk assessments or support plans where required. This showed there was a positive and proactive approach in managing behaviours to minimise further risks.

## Is the service effective?

### Our findings

During our previous inspection in July 2017, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not receive sufficient or effective support to meet people's needs.

At this inspection we found improvements had been made and this breach in regulation was met. Relatives told us they found staff to be sufficiently competent and skilled, in understanding and meeting their family member's needs.

Staff were positive that improvements had been made in how they were supported. A staff member said, "Staff are much happier, we have ongoing training which is interesting and better and regular meetings to talk about our work." All staff spoke positively and complimentary about the registered manager who they described as, knowledgeable, experienced, approachable and a good support. A newly appointed staff member told us about the induction they had received to date and the plan to complete their induction. They felt supported by the staff team including the management team.

Staff training and support records showed staff had received refresher training in areas the provider had identified as required. This included safeguarding, positive behavioural support and physical intervention. In addition, staff had received training from the provider's clinical team in areas such as sensory awareness and communication needs. Staff also completed the skills for care induction. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment. Staff received opportunities to complete a national diploma in health and social care. Regular one to one opportunities and group meetings, were provided for staff to discuss their work, training and development needs. This showed staff received effective support that equipped them to support people's individual needs.

Prior to moving to the service people had an assessment of their needs completed. This was a multi-disciplinary approach to maximise the best outcome for the individual. Relatives confirmed they were involved in the assessment of their family member's needs, before moving to the service.

The provider's policies and procedures were based on best practice guidance and current legislation. The service's equality and diversity policies and procedures set out the provider's commitment to meeting people's diverse needs. These were up-to-date and showed an awareness of the protected characteristics under the Equality Act. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination.

We viewed a person's transition plan before moving to the service permanently. This consisted of a series of planned visits from staff to where the person previously resided, and included the person visiting the service over a period of time. This meant people transferred to Birches in a planned and structured way and with the support from both internal and external health and social care professionals.

People received support with their nutrition and hydration needs. Relatives told us how staff provided support and encouragement with health eating. A relative said, "It's not easy, [name] is a very fussy eater and prefers certain food, staff try to offer a varied diet and encourage healthy eating."

People's nutritional and support needs associated with eating and drinking had been assessed and planned for and staff were knowledgeable about people's needs and preferences. Where required, food and fluids were monitored and people's weights checked, to enable any significant fluctuations to be acted upon such as contacting the GP. Food stocks and storage were found to be managed well. The menu was based on people's individual needs and preferences and considered people's religious and cultural dietary needs.

'NHS Hospital Traffic Light' documents were used to record and share important information about a person's health and social care needs when attending the hospital. People's physical, emotional health and wellbeing needs were assessed and monitored. People were supported to access health services. The provider had their own clinical team that worked effectively with staff in meeting people's needs. There were regular multi-disciplinary meetings with both care staff and clinical team to review people's needs and agree a plan of support. An example of this was how the clinical team had supported staff to understand people's sensory needs. This was by an introduction of activities that were based on tactile, visual and auditory activities to promote a sense of calm. This approach is helpful in supporting people with sensory processing issues and helps with attention, concentration and sensory reactions.

People's bedrooms met their individual needs and preferences in terms of colour themes and styles and considered people's safety. There was a choice of two communal lounges, where activities were available and an IT room was being developed. A sensory room was available for people to relax and enjoy a variety of sensory experiences, this included colourful lights, audio sounds and tactile objects. Two garden areas were available. One area had been enlarged and was in the process of being completed. Another provided a sensory outdoor experience for people, this had included growing vegetables and flowers in the summer to add to the sensory experience for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Relative confirmed they were involved in the process of best interest decisions. Where authorisations had been granted, these had no conditions attached to them.

Staff were aware of the principles of the MCA. They told us how they encouraged and supported people as far as possible to make choices. Staff were aware of the decision-making process for important decisions that were made on behalf of people who lacked capacity to make certain decisions. We saw examples of assessments in areas such as medicines, day to day decisions and the use of physical intervention. However, there were some inconsistencies in how best interest decisions were made. We discussed this with the management team who agreed to review their practice to ensure consistency. We concluded this oversight had not had a negative impact on people.

## Is the service caring?

### Our findings

People were supported by staff that treated them with kindness, dignity and respect. Relatives were positive about the approach of staff. A relative said, "The staff are all very caring and show a genuine interest in [name]. I feel staff have developed a good relationship with [name], they have found out what they like doing and they encourage and support to do things, they have more opportunities here than their last placement." Another relative said, "I find the staff very helpful, they always make me feel welcome."

Staff told us they enjoyed working at Birches. Through discussion with staff they showed a good awareness of people's needs and spoke about people in an affectionate, positive and caring manner. This demonstrated staff had developed a positive and understanding relationship with people and wanted the best for them.

We saw how staff interacted with people and from their responses such as smiles and actions we concluded people were relaxed within the company of staff.

We saw how staff offered people choices and acted upon their requests. This included choice of drinks, food and how people spent their time. Staff continually encouraged people's independence, this included returning used crockery back to the kitchen and wiping tables after lunch. People were supported to make drinks and to choose snacks.

Staff used effective communication amongst each other and people who used the service. Staff had verbal and written handover information at the start of their shift, where important information was shared. This ensured people received consistency and continuity in care and staff were kept up to date with people's needs. Staff were seen to be organised and this assisted in developing a calm and relaxed atmosphere. Staff used effective communication and listening skills when interacting with people, and their calm and reactive approach had a positive impact on people.

Relatives told us they had been involved in the development of their family member's support plan and felt their family member was involved in day to day decisions as fully as possible. A relative said, "Staff use a story board to explain things about what's happening, this really helps them understand what's happening and reduces any anxiety." Another relative said, "Communication is very good, I'm informed of any changes and involved in discussion and decisions, this is important to me."

People's support plans included important information about their preferences, routines and what was important to them. Staff were seen to use different approaches dependent on the person they were supporting. For example, one person preferred a quieter environment and a softly spoken approach, whereby another person responded well to jovial exchanges and a more active and energetic approach. This demonstrated how staff provided people with individualised support staff that was caring and unique to the person.

The management team were aware of the use and benefit of independent advocacy services. At the time of

our inspection no person was receiving advocacy support because people's relatives or others, such as the court of protection advocated on their behalf or protected their best interests. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Relatives were confident their family member was treated with dignity and respect. Whilst people required close supervision and monitoring, staff were seen to be sensitive and discreet, ensuring people had their personal space respected. Staff spoke about people in a respectful, sensitive and thoughtful manner. They respected people's name preferences and included them as fully as possible in their care and support.

Information about people's individual needs was protected under the general data protection regulation. This is a new law that has strict rules of how people's information is managed. Information was managed appropriately.

People's relatives told us they were able to visit their family member without any restrictions.

## Is the service responsive?

### Our findings

During our previous inspection in July 2017, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not receive care and support that was person centred. Activities of social and community opportunities were limited.

At this inspection we found improvements had been made in the opportunities and activities people received. Relatives told us they were happy their family member was supported with activities they enjoyed. A relative said, "I'm so pleased with the activities [name] is doing, they are out about more than they ever have before. They've been to the seaside, zoo, they go out on walks and to the shops and they've tried trampolining for the first time and enjoyed it."

Staff confirmed improvements had been made in how people were supported with activities they enjoyed. A staff member said, "Activities and opportunities have improved. People have their own activity plans and receive support with activities am and pm, there is more structure to the day." Another staff member told us how a person went for a walk every day as this was important to them. Some people went to a weekly trampolining session, one person had been supported on a holiday and other people on day trips and holiday opportunities for others were due to be explored for others. External entertainers visited the service, this included pet therapy and a move ability exercise session.

On the day of our inspection, we saw people received opportunities to go out and be involved in one to one activities with staff. Three people were supported with five staff to go to a country park. One person was seen to do table top activities with a staff member, two people chose to spend the majority of their time in their room with staff interacting when people wanted to engage with them. One of these people we saw return from a trip to get a take away meal of their choice. People were also seen to access the sensory room with staff support. We saw photographs that showed activities people had participated in both indoor such as arts and crafts and baking sessions, to visits in the community pursuing recreational and leisure activities.

People had a range of support plans that provided staff with guidance on how to meet their individual needs. Staff told us that documentation had improved and they had clear guidance which was detailed and up to date. Review meetings were arranged with people's relatives, external health and social care professionals, staff and the provider's clinical team. On the day of our inspection, a review meeting was held with a person's relative, clinical team and management team. We saw pre- meeting reports were prepared that discussed people's needs in a variety of areas and reported on achievements and developments. Post meeting reports showed what action had been discussed and actions agreed in setting new goals in promoting people's independence and development. We saw people had both long-term goals and short term goals that were reviewed at 12 weekly intervals. Examples of people's achievements included, a person had engaged in a sensory story for at least ten minutes once a week. Another person was supported to be more aware of the dangers of hot water and had become more independent in teeth cleaning.

To support staff to understand and raise awareness of people's needs, routines and history, a document

referred to as 'All about me' provided staff with this important information. This supported staff to have a good understanding of what was important to people and enabled them to have a person-centred approach in the delivery of care and support.

People were supported with their diverse needs. For example, for one person they liked bible stories and this was provided. Another person required particular hair and skin care and staff ensured this was met.

Social stories were used at times as a method to support people to understand their needs. These are short descriptions of a situation, event or activity, which include specific information about what to expect in that situation and why. People had activity plans that were broken down into short time frames that supported them to process and sequence activities. Some people used Makaton (a form of sign language) to communicate their needs and staff were seen to effectively use this communication method to communicate with people. People's communication needs had been assessed and support plans provided staff with guidance of people's preferred methods of communication. Key documents such as the complaints procedure, safeguarding and advocacy information were available in an easy read format to support people's communication needs. This meant the provider was meeting the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

Relatives told us they were confident to raise any concerns and felt they would be listened to if they had any complaints. The complaints log recorded complaints received and at the time of our inspection, there were no ongoing complaints. Ones received had been responded to as per the provider's complaint procedure.

At the time of our inspection no person was receiving end of life care, we were therefore unable to report on end of life care. The management team told us they were aware that they needed to consult people about their end of life wishes and told us this would be discussed during reviews of people's care.

## Is the service well-led?

### Our findings

Relatives were positive about the leadership of the service. A relative said, "The manager is understanding and approachable, I feel I can make suggestions and they listen, they are very caring."

The provider had a clear vision and set of values for the service that was based on people receiving care and support that was person centred, responsive and transparent. Staff were seen to work to the provider's set of values; they had a calm and caring approach towards people in their care. Staff worked well together, they were organised and understood their role and responsibility.

Since our last inspection a new registered manager had been appointed, they led the staff by example and was seen to work alongside staff. From the interaction of the registered manager with people, it was clear to see they knew them well and their communication and interaction was positive, caring and respectful. For example, a person experienced heightened anxiety and the registered manager was reactive and provided reassurance to the person. Whilst staff responded effectively the registered manager remained present, to enable them to provide additional support if required.

Staff told us there were regular staff meetings and stated morale was good amongst the team and they attributed this to the new registered manager. One staff member said they felt their role as a staff member was valued, because the registered manager encouraged ideas from the staff. Another staff member said, "The service has improved dramatically, the environment is much better and the manager listens to us we can share our views and ideas."

The registered manager gave examples of how they completed observations of staff practice and had regular meetings with staff to review their competency. This meant staff were supported in their work and development to provide effective care and support to people.

The registered manager and provider based their approach on national best practice guidance and social policy, in enabling people with a learning disability to lead full and purposeful lives in their community. The registered manager was involved in various forums and working parties at local and national level in improving the lives of people living with a learning disability. The registered manager also met regularly with other local managers employed by the provider to share good practice and problem solve. They received policy and good practice updates from the provider and via the internet. This demonstrated effective partnership working.

People who used the service received opportunities to share their feedback about the service they received. A pictorial consultation board was used to gain people's views with regard to their bedroom, communal areas, food and activities. Relatives were also consulted and asked for their feedback about the service received by their family member. This showed how the provider had a commitment in seeking the views of people about the service.

There was a system of audits and processes in place that continually checked on quality and safety. These

were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, incidents, support plans and other documentation used to monitor people's needs. These reporting systems enabled the management team to identify any themes and patterns and any areas not meeting expectations. This also showed how the service complied with legislative requirements and promoted best practice.

The registered manager was required to submit regular audits to senior managers within the organisation to enable them to have continued overview of the service. Senior managers and quality assurance staff that worked for the provider, also completed additional audits and checks. The service had an improvement plan, this included actions identified through internal audits and checks. Regular senior leadership meeting discussed all the provider's services to enable the provider to have clear oversight of how the services were meeting people's needs. The registered manager told us they were well supported. There was a clear structure of accountability and procedures and systems in place, demonstrated the service was continually driving forward improvements to the service people received.

We checked our records, which showed the provider had notified us of events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their most recent rating in the home and on their website.

The service worked well with external health and social care professionals in meeting positive outcomes for people. People living at the service had complex needs and some had experienced other placements that had experienced difficulties in meeting their needs. We saw how staff were supporting people to experience new opportunities and experiences. This showed how people were valued and received care and support that was personalised to their individual needs.

The service was part of the local community and people were supported to access their community. Staff told us how people living locally were friendly and supportive and greeted people when out and about.