Somerset County Council (LD Services)

The Old Farmhouse / The Briars

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 22 July 2016 and was announced. We gave 24 hours' notice of the inspection to ensure it was safe for us to visit while the final redevelopment building work was being completed. It also ensured the service's registered manager would be available to meet us.

At the last inspection on 13 March 2015 we found the service was not consistently safe, effective, or well led. Improvements were required in each of these areas. The shortcomings were primarily due to delays in starting the planned major site redevelopment work. At this inspection, the required actions had been taken to address our previous concerns. The redevelopment work was virtually complete and new systems had been introduced to ensure people received their medicines safely.

Relatives said the recent accommodation moves had gone better than they had anticipated. One person's relative said "They built up their confidence and anticipate things before they happen. They don't just chuck them in at the deep end". Another relative said "I'm very happy where [person's name] is. They've improved a lot since moving into their new place".

The service is registered to provide accommodation and support for up to eight adults with a learning disability or autistic spectrum condition. The redevelopment of the site has reduced the capacity to a maximum of six people, accommodated in five self-contained flats (with two people sharing one of the large flats). On completion of the redevelopment the provider will apply to change their registration accordingly.

People who lived at the location needed one to one staff support at all times. Three of the people with more complex needs also required two to one staff support when going out into the local community. At the time of the inspection there were six people living at the location with complex support and communication needs. People had very limited or no verbal communication skills and required staff support with all of their personal care needs and to go out into the community.

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

The registered manager told us the service philosophy was "To support each person to meet their individual needs and enable them to lead as full a life as possible". Staff received training tailored to the personal needs of the people living at the location to ensure they were able to deliver the philosophy of care. This was further reinforced through staff meetings, shift handovers and one to one staff supervision sessions. There were sufficient numbers of staff to keep people safe and meet their needs.

All of the interactions we observed between staff and people were caring and supportive. It was clear the registered manager and the staff had people's best interests in mind and tried to provide as good a lifestyle

as possible for them. Relatives told us the staff and management were open and accessible and had a good understanding of people's complex needs and behaviours. Relatives were always made welcome and were encouraged to visit as often as they wished. One relative said "Staff are really brilliant. I can't fault them". Another relative said "Staff come across as very professional and very caring, they have the balance just right".

People had choice and control over their daily lives to the extent they were able to express their preferences. People were supported by their key workers to express their feelings and preferences. Staff respected and acted on the choices people made. The service knew how to protect people's rights when they lacked the mental capacity to make certain decisions about their care and welfare. People also had access to external healthcare professionals to help them maintain their physical and mental health.

People were supported to visit relatives, access the community and participate in a range of social and leisure activities on a regular basis.

Staff said everyone pulled together as a team and the senior staff and registered manager were very flexible and supportive.

The provider's quality assurance systems helped to ensure the service maintained and promoted good safe standards of care.

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.

There were sufficient numbers of staff deployed to help keep people safe and meet their complex needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and to remain safe.

Is the service effective?

Good

The service was effective.

People received care and support from staff who were trained to meet their individual needs.

People were supported to maintain good health and to access specialist health care services when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care.

Is the service caring?

Good

The service was caring.

People were supported in their own individualised flats by very caring and considerate staff.

Staff were trained in a range of communication methods to help them understand each person's individual needs and choices.

People were treated with dignity and respect and were supported to be as independent as they were able to be.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences were known and acted on.

People were supported to be involved in the assessment and planning of their care to the extent they were able to do so.

People, relatives, staff and other professionals were encouraged to express their views and these were taken into account to improve the service.

Is the service well-led?

Good

The service was well led.

People were supported by a motivated team of management and staff. The service had an open and caring culture focused on promoting a good quality of life for the people they supported.

The service worked in partnership with local health and social care professionals and promoted people's involvement in the community.

Quality assurance systems were in place to maintain and improve the quality and safety of the service.

The Old Farmhouse / The Briars

Detailed findings

Background to this inspection

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

This inspection took place on 22 July 2016 and was announced. We gave 24 hours' notice of the inspection to ensure it was safe for us to visit while the final building 'snagging' work was being completed. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), and other enquiries received from or about the service. The service was last inspected on 13 March 2015. At that time, we found the service was not consistently safe, effective, or well led. Improvements were required in each of these areas.

During the inspection we were unable to have conversations with the people who lived at the location due to their speech and learning difficulties. We relied on our observations of care and our conversations with people's relatives and the staff to help us understand people's experiences of the service.

During the inspection we spoke with the registered manager, assistant team manager, and four support workers. We also looked at records relating to people's individual care and the running of the home. These included three care plans, staff training records, medication records, complaints and incident files. Following the inspection, we telephoned three people's relatives to obtain their views on the service.

Good

Is the service safe?

Our findings

We observed staff were patient and considerate with people. All of the people were well treated and appeared calm, comfortable and at ease with the staff supporting them. People's relatives told us the service provided a safe and secure home for their relative. A relative said "I've never felt any concerns about [person's name's] safety".

At the last inspection we identified improvements were needed to ensure the safe administration of medicines. At that time, there was on average one medicine error per month. At this inspection the incidence of medicine errors had more than halved to roughly one every couple of months. These errors related to either incorrect recording or missed/late doses. None of the people had suffered any harm as a result. The registered manager said they were meticulous about recording every single error. The main reasons for the most recent errors were due to disruption caused by the major building works and the inexperience of some new members of staff. Since the last inspection, they had introduced a range of measures to improve the administration of medicines. A qualified nurse had been engaged to provide additional team medicines training; medicine administration prompts had been placed in each person's daily record folder; medicine prompts were discussed at daily handover meetings; stricter management and monitoring arrangements had been introduced.

We were told the shift leader usually took the lead and carried out the medicines round, visiting each flat in turn. The flats contained the relevant person's medicine administration records (MAR) and medicines were stored in secure medicine cabinets. The MAR had to be signed by both the shift leader and the member of staff supporting the person. Both were held equally responsible for ensuring the correct medicines were administered at the right time in the right dose. Staff told us the medicine administration guidelines were very thorough and a lot of emphasis had been placed on getting this right. The registered manager and the assistant team manager also carried out regular observations of staff medicine administration practices. Sometimes these were targeted observations of staff who had made an error, and sometimes staff were randomly selected for observation.

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. The provider also had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults.

Care plans contained risk assessments with measures to ensure people received safe care and support. There were risk assessments and control measures for anxiety and aggression, epileptic seizures, road safety, transport, and people's finances. For example, there were plans for supporting people when they became anxious or distressed. The circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these incidents. Staff received in-house training in positive intervention to de-escalate situations and keep people and themselves safe.

Episodes of anxiety were recorded to help staff identify possible causes or trends. The downward trend in incidents reported at our last inspection was continuing. The registered manager said this was due to additional staffing hours, better understanding of people's sensory needs, and the new self-contained accommodation.

Staff knew what to do in emergency situations. Staff said they would call the relevant emergency services or speak with the person's GP, or other medical professionals, if they had significant concerns about a person's health and wellbeing. There was a personal emergency evacuation plan for each person in the event of a major incident, such as fire or flood, as well as service continuity plans.

To ensure the environment for people was safe, appropriately qualified Council staff carried out regular fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures for staff to follow in order to keep people and themselves safe. Regular health and safety checks were carried out by management and other specialist Council staff.

There were sufficient numbers of suitably trained staff to meet people's complex needs and to keep them safe. People received one to one staff support at all times and senior staff were available when additional assistance was needed. Three people needed two to one staff support to go out into the community and staff told us they took people out once or twice every day.

The service experienced a relatively high turnover of staff due to the complexity and challenging nature of the service. We were told a lot of staff worked there for a couple of years and then moved on to more senior jobs, having gained their experience and training at The Old Farmhouse. The registered manager said they had recruited 10 new staff over the last 12 months and regular staff recruitment drives took place. They aimed to recruit high calibre staff and then invest in comprehensive induction training.

The registered manager said they covered vacancies and short notice absences through existing staff working additional hours or, if necessary, through the use of regular agency staff. A member of staff said if there was an unexpected absence they could usually cover by being a bit flexible with the timings of the trips into the community.

Good

Is the service effective?

Our findings

Feedback from people's relatives indicated the service was effective in meeting people's needs. For example, all of the relatives we spoke with said the recent accommodation moves had gone better than they had anticipated. One person's relative said "They built up their confidence and anticipate things before they happen. They don't just chuck them in at the deep end". Another relative said "I'm very happy where [person's name] is. They've improved a lot since moving into their new place". A member of staff who had recently returned to the service after a long break said "Since I've come back the change has astounded me. I work with [person's name] a lot; he's much more settled and is a different man to work with".

At our last inspection we were informed the commencement of the major site redevelopment work had slipped. The plans were to provide four individual self-contained ground floor flats and a fifth self-contained flat to accommodate two people. The needs of the two people had been assessed and they were compatible to live in close proximity to each other. Following the last inspection, we agreed the service would send us monthly site redevelopment progress reports. The revised completion date was anticipated to be the end of February 2016 but completion had taken longer than anticipated. When we carried out this follow-up inspection, the building works were in the final 'snagging' stage and responsibility was due to be handed back from the contractors the following week.

The registered manager explained that throughout the project a series of unexpected problems had arisen. For example, there had been significant issues with damp and also several areas required rewiring. A number of compromises also had to be made due to unforeseen structural problems with the existing buildings. Additional refurbishment had also been added to the original project plan, including redecorating inside and outside and re-carpeting throughout. The registered manager said the contractors had done a good job in the circumstances and had been very helpful and flexible around people's needs. Throughout the building works four of the people had remained on site and the people and staff had coped really well with the inevitable disruption.

During the inspection we visited the people who lived in the five new flats. We observed the new flats provided spacious, self-contained accommodation and were designed, decorated and furnished to suit each person's individual needs and preferences. For example, some flats included brightly or bold coloured furnishing and fittings, whereas other flats were neutral and minimalistic. One person had worktops in their kitchen specifically designed to be the right height to encourage them to sit upright and eat. Each flat had its own self-contained and secure garden space. The atmosphere throughout was calm and relaxed. People appeared more settled and content than at our previous inspections. The personalised self-contained accommodation was clearly more appropriate to people's complex needs and provided a much safer environment for people and the staff.

Staff were knowledgeable about each person's complex needs and preferences and provided support in line with people's care plans. Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. This included generic subjects, such as: safeguarding, first aid, infection control, administration of medicines, and the Mental Capacity Act 2005. Person specific training was also

provided to meet people's individual needs, including: epilepsy, positive intervention techniques, and autism awareness.

Staff received training tailored to each person's individual communication and sensory needs. This was provided by an occupational therapist who specialised in understanding and meeting people's sensory needs. The training helped staff to understand what made each person happy and how to recognise the signs when a person was becoming anxious. People had individualised 'sensory diets' which involved the use of different types of music to either calm or stimulate people's moods according to their needs. We observed staff employing various communication techniques to suit each person. Some people communicated through sign language, or picture and symbol boards, or facial expressions and physical gestures and vocalisations. Two people had hand held computers to help them understand and communicate. The registered manager said all of the new flats had wireless technology to access the internet. They hoped to develop the use of technology to support people further in the future.

A relatively new member of staff told us they had completed a comprehensive induction programme. This included an intensive seven day block induction course and shadowing more experienced staff for about a month. During their induction, staff completed a range of mandatory and service specific training. They had 12 weeks to complete a work book toward gaining The Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to adhere to in their daily working life.

Training records showed staff were up to date with their mandatory training. The provider also supported staff with continuing training and development, including vocational qualifications in health and social care. The training provided to staff helped to ensure the people who lived in the home received effective care based on current best practices.

Staff had monthly individual supervision sessions with the registered manager, or the assistant manager, and attended monthly team meetings. Staff also had annual performance and development appraisal meetings. People's individual care and support needs were also discussed at shift hand-overs and team meetings. These meetings provided regular opportunities to review staff performance, discuss best care practice, and identify any additional staff training or development needs.

Staff said everyone worked well together as a friendly and supportive team to ensure people received effective care and support. One member of staff said "From day one everyone's been really helpful to me". Staff said the senior care staff and the registered manager were all very approachable and accessible and they could turn to them for advice or assistance whenever needed. A recently appointed member of staff told us "My support leader is lovely. I can speak to him about anything and can even message him when he is on leave, if needed".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care records showed, where people lacked the mental capacity to make certain decisions, the service followed a best interest decision

making process. Staff had received training and had an understanding of the requirements of the MCA and the DoLS. DoLS applications had been submitted for all six of the people who lived at the location because they were at risk of harm if they tried to leave the home without staff support. Four DoLS applications had been authorised and two were still awaiting an assessment. The DoLS authorisations were all within date and the service was complying with the stated conditions. This showed the service followed the requirements in the DoLS.

People were supported to have sufficient to eat and drink and to have a balanced diet. Staff were knowledgeable about people's individual dietary tastes and preferences. For example, they knew one person had to have a soft diet and needed to be monitored closely at all times, due to the risk of choking. The person had been assessed by a speech and language therapist and had their own individual soft diet menu. People now had their own self-contained accommodation with kitchens and staff were able to support people to make their own individual meal choices. The individual menus were based around people's individual preferences but staff tried to introduce some variety to ensure a balanced diet. The two people who shared a flat together had a large shared kitchen but with individual food cupboards.

One person who became anxious when they observed meal preparation had their meals prepared in an adjacent staff kitchen and then brought to their flat. The service had trialled meal preparation in the person's own flat but this had not proved successful as the person had become distressed each time.

We heard how one person agreed their meal choices for the week, each Sunday. We observed they had a folder in their flat containing pictures of all their favourite meals, from which they were supported to select their weekly menu choices. The registered manager said they were planning to put pictures of meals on to the person's hand held computer to make it easier for them to choose, and possibly to order their food shopping online in the future.

People were supported to maintain their health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. The registered manager said they received excellent support from the Somerset Partnership NHS Trust Better Health Team to assess and support people with complex health needs. People were also well supported by a range of local healthcare practitioners, including the local GP practice. There were records of various multi-disciplinary assessments within people's care plans.

Good

Is the service caring?

Our findings

People's relatives were extremely complimentary about the staff and said they were all very caring. One relative said "Staff are really brilliant. I can't fault them". Another relative said "Staff come across as very professional and very caring, they have the balance just right. It's more than just a job to them, they love [person's name], you can't ask for anymore". It was clear from our conversations with staff that they cared intensely for the people they supported. A relatively new member of staff said "All the guys [meaning the people who lived at the home] are fantastic. It's still quite new to me but it's such a nice place to work".

In all of the flats we visited, people appeared content and calm with the staff supporting them. We observed staff interacted with people in a friendly, patient and considerate manner and respected their wishes. For example, we observed one member of staff playing 'catch' with the person they were supporting. The person was clearly having a lot of fun and enjoying the activity. When we entered another person's flat they were resting on their settee and receiving a head massage from the support worker. The person's care plan identified they enjoyed head massages and this helped them to relax.

The registered manager told us about one person who liked to go swimming at a local social club twice a week. The person needed two to one staff support in the community because of their complex needs. They often became anxious when objects or their belongings were not in exactly the right place. The service had liaised with the manager of the social club who kindly agreed to place things in a set order each time the person visited. This had a very positive impact on the person who was able to relax in a familiar setting and enjoy their swims. This showed the service was considerate of people's needs and did what they could to promote a good quality of life for people who lived at the location.

Each person had an assigned key worker. This was a member of staff who they had a particularly close relationship with. The key worker had responsibility for ensuring the person's current needs and preferences were identified and acted on by all staff. A recently appointed member of staff said "They all have their own key worker and you can speak to the key workers if you are unsure about anything. When I first started, the keyworkers all spoke to me for about an hour about their service user".

Staff were knowledgeable about people's needs and preferences and engaged with people in ways that were most appropriate to them. People had limited or no verbal communication skills and lacked full understanding of verbal communications. They communicated mainly through physical forms of expression or other vocalisations. Some people used communication books with pictures or symbols to express their choices. One person used a form of sign language. The service received specialist advice from an occupational therapist, psychologists and speech and language therapists to determine the best communication method for each person.

Staff received person specific training to help them recognise and understand when people were making choices and how this was communicated and displayed through their behaviours. This helped ensure people's daily routines and activities were matched to their individual needs and preferences. People were encouraged to make their own decisions, as far as they were able to. We observed staff offered people

options to choose from and then acted on their wishes. People were free to access any area of their flat or their garden as they wished. Every person received one to one staff support within their flat which meant staff were always on hand when people needed their support or attention.

Relatives told us staff had a good understanding of people's individual support needs. People were also supported to access independent external advice and support if they needed help with making important decisions. For example, two of the people with limited family contacts had independent representatives appointed as part of their DoLS authorisations. Their DoLS representative visited them and acted on their behalf when important decisions about their care and treatment were needed.

Staff respected people's privacy and dignity. Personal care was provided in the privacy of people's individual flats. Staff told us they ensured doors were closed and curtains or blinds drawn when personal care was in progress. When people needed support staff assisted them in a discrete and respectful manner. For example, when people needed the bathroom staff waited outside until needed.

Staff understood the need to respect people's confidentiality. When they spoke with us they were careful not to make any comments about people of a personal or confidential nature in front of others. Also, people's care plans were kept secure and were not left unattended for others to read.

People were supported to maintain relationships with their close families and friends. Relatives told us they could visit or call the home whenever they wished and there were no unreasonable restrictions. Staff also supported people to visit their families, where this was agreeable to all concerned. This helped people to maintain relationships with the people who cared most about them.

Care plans included any known information about people's end of life preferences and any cultural or religious beliefs. Staff were aware of people's beliefs and preferences and respected their views.

Good

Is the service responsive?

Our findings

People's needs and preferences were understood by staff and the staff acted on people's choices. One person's relative said "They are definitely responsive. [Person's name] sometimes has 'dips' and they are ready for it and make arrangements for this". Another relative said "No complaints at all. The way they treat [person's name] is very good. No problems at all".

Each person had a comprehensive 'Support for Living Plan' based on their assessed needs and agreed personal objectives. The plan provided clear guidance for staff on how to support the person. We observed one person had a pocket sized handbook summarising their plan, with pictures and symbols to aid their understanding. Staff had a good understanding of each person's needs and they were able to explain why each person was supported in a different way. Although people lacked the capacity to contribute to certain decisions about their care, wherever possible they were supported to express their choices. Where people were unable to express a choice, the service involved people's close relatives, other professionals involved with their care, and the person's key worker to make decisions in the person's best interests. Each person had a designated key worker who understood the person's communication needs well and took particular responsibility for ensuring the person's needs and preferences were understood and acted on by all staff.

People chose to participate in a range of activities to suit their interests and needs. This included going out into the community for walks, shopping, regular car trips, visits to relatives, swimming and other leisure activities. Within the home people watched TV, listened to music, used specialised sensory equipment, socialised or played games with staff, and spent time outside in their gardens.

People's self-contained flats were furnished and decorated to suit each person's individual needs and preferences. Some people had ensuite wet rooms with showers and others preferred bathrooms. We observed one person had a lot of sensory equipment, including lights and water features in their lounge to use during the day. However, their bedroom was minimalistic to help them be calm and sleep at night. All of the accommodation was spacious and included secure outside garden spaces. People were free to choose to move around their flats or outside garden areas as they wished.

People were supported to keep in touch with their relatives as much as possible. Most of the people had regular contact with their relatives through visits, telephone calls, emails and letters. Relatives told us they could visit as often as they wished without any undue restrictions. Staff also supported people to visit their relatives where this was agreed and appropriate.

Relatives told us the staff, and the registered manager, were accessible and approachable. They said they mostly dealt with the person's key worker and they were very happy with the way they responded. Any issues were dealt with quickly and appropriately by the key workers. Relatives said they knew the registered manager had been very busy with the redevelopment project but they knew they could go to the registered manager if they needed to.

The provider had an appropriate policy and procedure for managing complaints about the service. This

included agreed timescales for responding to people's concerns. However, no formal complaints had been received in the last 12 months. A relative told us "I've never made any formal complaints" and another relative said "I would say if I had any problems, but I haven't. I'm not worried to say things".

Good

Is the service well-led?

Our findings

Relatives of people who lived at the location thought it was well run and said the registered manager and the staff were accessible and approachable. They predominantly dealt with the person's keyworker but said they could always contact the registered manager if needed. A relative said "As far as I can tell it is well managed and has good staffing levels. During the recent build they looked after [person's name] and made sure they were not overlooked. They also listened to and dealt with the things I raised".

At our last inspection, we found the provider had not implemented identified improvements within a reasonable time frame. The need for a major redevelopment of the location had been identified several years earlier. However, delays in starting the project meant the layout and design of the buildings continued to be unsuitable, for longer than was acceptable for people with such complex needs.

At this inspection, we found the redevelopment was virtually complete, with only minor 'snagging' work remaining. People now lived in spacious, self-contained accommodation, designed, decorated and furnished to suit each person's individual needs and preferences. The self-contained accommodation was clearly more appropriate to people's complex needs and provided a much safer environment for the people and the support staff. This was demonstrated by a significant reduction in incidents and a very calm and settled atmosphere throughout the location.

The one remaining significant issue was the water pressure at the location. Short of installing new water mains, everything was being done to improve the situation. Special water pressure pumps had been installed and, until the last person moved back in, things seemed to have improved. However, that final move tipped the balance and it became necessary to stagger people's bath/shower times. The registered manager said they were able to work around this as "some people were early risers and some late risers". The Council's Area Engineer had commissioned a feasibility study and was visiting the site with a specialist contractor on 29 July 2016. This was to review the size of the water tank and the boiler's capacity. The registered manager agreed to continue sending us monthly updates until all remaining issues had been resolved.

The registered manager told us the local authority's commissioners had been very supportive and had organised really good quality improvement review meetings. She said the Council's Chief Executive, the Director of Operational Services, and other senior managers, had all visited the location recently and were all suitably impressed.

The registered manager told us their service philosophy was "To support each person to meet their individual needs and enable them to lead as full a life as possible". Staff received comprehensive training to ensure they understood and were able to deliver the service philosophy. There was a comprehensive induction programme for new staff and continuing training and development for established staff. The service philosophy was further reinforced through regular staff meetings, shift handovers and one to one staff supervision and appraisal sessions.

Staff told us the registered manager, and the assistant manager, were approachable and very supportive. A member of staff said "The manager and assistant are very understanding and supportive. They are very flexible around the kids [meaning their child care arrangements]". Another member of staff said "Management have been amazing and incredibly supportive of me; with hours, flexibility and shifts. I couldn't have asked for more".

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability; from the support workers to the team leaders to the registered manager. All of the staff we spoke with said everyone worked well together as a really supportive team in the best interests of the people who lived at the location.

The provider had a quality assurance system to check they met people's needs effectively. The registered manager and the assistant manager carried out a programme of monthly audits and safety checks. These included reviewing care plans, medicine administration records, significant events and emergency plans. The registered manager completed a monthly service report as part of the quality monitoring process. Where action was needed, it was noted on a service action plan and progress was checked at the next service review. For example, incorrect or incomplete medicine administration records were followed up with the staff concerned and additional training or supervision provided. Any accommodation or equipment problems were recorded and action was taken to remedy the issues. These quality checks and audits helped ensure people continued to receive good quality care in a safe and homely environment.

There was evidence of learning from incidents and investigations. For example, since our last inspection, action had been taken to reduce the incidence of medicine administration errors. Also, significant incidents resulting from people becoming anxious continued to fall sharply, due to effective staff training and the moves into self-contained flats.

To the best of our knowledge, the registered manager has notified the Care Quality Commission of all significant events and notifiable incidents in line with their legal responsibilities. The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People and their relatives were encouraged to give their views on the service through routine conversations, structured care plan review meetings and customer feedback forms. Relatives told us they were kept fully informed about important issues, such as the accommodation moves. They said they could readily contact the staff or management if ever they wished to discuss any matters.

The registered manager participated in a range of forums for exchanging information and ideas and fostering best practice. This included accreditation and information links with the British Institute for Learning Disabilities, attending the council's provider managers meetings, meetings with the safeguarding team and other council departments. The registered manager and staff attended service related conferences and seminars and accessed a range of online resources and training materials from other service related organisations.

The service worked in close partnership with local health and social care professionals. More specialist support and advice was also sought from relevant professionals when needed. This helped to ensure people's health and wellbeing needs were met.

Most of the service's links with the local community revolved around people's activities and families. People

were supported to go out once or twice a day and to engage in the community to the extent they were able to. This included social and leisure activities, visits to local resource centres, family visits, shopping and other trips out.