Kisimul Group Limited

Tigh Grianan

Inspection report

Chesterfield Road
Epsom
Surrey
KT19 9QP

Tel: 02087867201
Website: www.kisimul.co.uk

Date of inspection visit:
12 May 2016

Date of publication:
14 June 2016

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

We conducted an announced inspection of Tigh Grianan on 12 May 2016.

At our last inspection on 8 October 2013, the service met all regulations inspected.

Tigh Grianan is owned and managed by the Kisimul Group, a provider of education and care services to children and young adults with learning disabilities and/or autism.

Tigh Grianan provides 24-hour care, support and accommodation for a maximum of six adults with learning disabilities and/or autism. The service provides care and support for up to six people with learning disabilities. There were six people using the service when we visited.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

An outstanding feature of Tigh Grianan was the work the staff did in reducing behaviours that challenge the service. The staff had excellent links in receiving support from behaviour specialists to minimise behaviours that challenge the service. In addition to this the staff team tried various innovative and creative ways of reducing behaviours that challenge the service. This helped people to express their needs more constructively and helped them to gain greater independence and achieve their full potential.

We found that Tigh Grianan provided a highly personalised, person-centred and autism specific service. People were in control of their support and participated in decision-making for the service and organisation as a whole. People were encouraged and enabled to learn new skills and become more independent. Support that staff provided to people was outcome-focused and systems were in place to document this. There was evidence that the staff looked for and used innovative strategies to help people gain greater independence.

People consented to their support and staff and the registered manager of the service worked together with people's parents and relatives to ensure all involved were aware of the legal limits of their role in decision-making. Feedback about the service was encouraged and there were a range of mechanisms to support this. For example some people who used the service were involved in the recruitment process of new staff.

Staff were aware of the requirements of their role and were vetted appropriately before starting work. Staff supported people safely and knew what to do to protect people from the risk of abuse.

Recruitment procedures ensured staff had the appropriate values when they were employed and gained skills and qualifications shortly after they started work. Ongoing training was provided and staff were

encouraged to pass on their expertise to their colleagues through workshops and team meetings in various aspects of service delivery.

People received their medicines in a safe manner and staff recorded and completed Medicine Administration Record (MAR) charts correctly.

People had excellent access to healthcare services and received on-going healthcare support for example through their GP, hospital doctors and specialists. Referrals were made to other professionals such as speech and language therapists and dieticians if the need arose. People met with their psychiatrist and behaviour specialists to ensure that their behaviours were managed appropriately by staff and other people involved in the care to people who used the service.

Risk assessments and care plans for people using the service were effective, individual and autism specific and they included the required information. People's individual care needs were recorded daily in great detail; this demonstrated that their needs had been met. There was a strong focus on supporting people in becoming more independent by working together with the family, the person and outside professionals.

No complaints had been received within the last year, however we saw that the staff captured concerns raised by people who used the service, relatives or any significant others and managed these appropriately and in a timely way.

Quality assurance systems were in place to assess and monitor the service people received. The staff worked well in partnership with other organisations to ensure current practice was followed and a high quality service was provided to people. The staff strived to make continuous improvements through regular consultation, research and reflective practice. This ensured that the staff continued to provide an excellent service to people with autism who had behaviour that challenged the service.

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. Risks associated with people's support were assessed and managed with clear and effective guidelines for staff. The service demonstrated a high level of protecting people from abuse and encouraged people to be open when raising concerns.

There were sufficient staff deployed to meet people's needs safely and in a timely manner. Recruitment procedures ensured staff were suitable to work with people in need of support.

Medicines were managed safely and staff received the appropriate training to administer medicines safely.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills necessary to support people with autism and behaviours that challenge the service properly. Staff were well trained and skilled.

Staff understood the principles of the Mental Capacity Act 2005 and told us they would always presume a person could make their own decisions about their care and treatment.

Staff supported people to maintain good health and eat a balanced, healthy and nutritious diet. People received appropriate assistance to eat when needed.

Is the service caring?

Good

The service was caring. Relatives told us that staff were enthusiastic and well-motivated, who treated people with compassion and kindness.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

People were encouraged to be as independent as possible, with the support form staff by focusing on learning a wide range of

new independent living skills.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

Is the service responsive?

Outstanding ☆

The service was very responsive. Relatives told us that the registered manager and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with the staff and management of the home.

Care plans were person-centred and based on people's needs. There was a strong focus on reducing behaviours that challenge the service and creative ways were tried and implemented to support this.

We saw that people were engaged in in-house and community based activities throughout the day of the inspection. We saw that these activities had a positive effect on people's well-being.

Is the service well-led?

Good ●

The service was well-led and relatives who provided feedback confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve and there was a person centred culture in the service.

The service put strong emphasis on reflecting on practice and promoting and sustaining improvements already made in the service.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Tigh Grianan

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 12 May 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and a specialist advisor. A specialist advisor is a person who has worked in or with this type of care service in a professional capacity.

Before the inspection, the provider completed a 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. We used this to inform our planning and inspection.

People who used the service had complex needs and some people were not able to communicate with us verbally. We therefore used observations to assess the quality of care provided to people; we accompanied people to a community based activity and observed interactions between staff and people who used the service. We contacted relatives and received feedback from three relatives. We spoke with three staff members, the deputy manager and the registered manager.

We looked at two people's personal care and support records, personnel records for four staff and records relating to the management of the service such as staff training and supervision records, meeting minutes, records of checks and audits, action plans and safeguarding records.

We have received feedback from one health care professional responsible for placing people at Tigh Grianan.

Good

Is the service safe?

Our findings

People told us "I am safe here; they [staff] look after me very well, I am happy here." Relatives made similar comments "They [staff] are wonderful, they know my relative well and he is in a very safe place. His behaviour has improved a lot since he lives here." Overall, very good arrangements had been made to keep people safe.

People were protected from abuse and avoidable harm. There were appropriate procedures in place to help ensure people were protected from all forms of abuse. Staff had received training on how to identify abuse and understood both the service and local authorities' procedures for safeguarding people. Staff described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Posters displayed in the manager's office and staff room provided staff with immediate access to information and guidance on how to report any concerns about people's safety. Staff told us they were confident that any concerns reported to managers would be treated seriously and appropriately investigated. They told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information.

People's personal care and support records showed that risks associated with people's support were assessed with guidelines in place for staff to reduce those risks. Each person's records contained a number of individual risk assessments including managing money, preparing meals, personal care and moving and handling. There was also an environmental risk assessment available which provided information for people and staff on safety in the home such as the location of gas stopcocks and emergency evacuation procedures. We saw these were up-to-date and reviewed regularly. People who used the service were supported by care worker to undertake the weekly health and safety checks. This included checking the water temperature, fire safety checks and checking the internal and external environment. Staff had been trained in health and safety and other topics relevant to supporting people such as moving and handling.

The registered provider had identified and assessed the risks for each individual; these were recorded along with actions identified to mitigate those risks. They were written in enough detail to provide the information staff required to protect people from harm whilst promoting their independence. For example, there were risks associated with a person's challenging behaviour. We saw that there was a clear communication plan in place for staff to follow to reduce the triggers. We saw staff followed guidelines available in this person's care records and responded appropriately to the person asking certain questions. We saw that this was consistent with the care plan and risk assessment.

We observed good communication amongst the staff team regarding people's risks, their care, treatment and support needs. The service used a variety of formal and informal methods to communicate people's care including shift handover, team meetings, management supervision, clinical supervision, work discussion groups, email, people's care plans and risk assessments.

Staff told us that they had received Timian Training and Development training. Staff told us that this training has helped them to recognise what could be the cause for people's behaviour to become challenging and taught them safe techniques to manage these behaviours. Timian Training and Development provide training in the management of aggression and violence within a variety of care settings. The training is accredited through the British Institute for Learning Disabilities (BILD) Physical Interventions Scheme. Staff told us that this had helped them to work with people more positively, and enabled people to still fully participate in activities in the least restrictive way.

Staff completed incident forms following each episode of behaviour which challenged. The record addressed what had happened before, during and after the incident. This information was used to work with people more pro-actively, but also supported staff and the registered manager during debriefing sessions to look at better ways of working with people. The service had achieved a number of very positive outcomes in the management of challenging behaviour. For example, staff told us that a number of people did not go out when they moved in, because their behaviour was seen as too challenging. One care worker told us, "The quality of life has definitely improved for people since they moved in to Tigh Grianan."

Each person had a personal emergency evacuation plan (PEEP) in their plan of care. This gave guidance to staff to ensure people's safety was protected during the evacuation of the building in the event of fire or other emergency. A PEEP sets out the specific physical and communication requirements that each person needed to ensure that they can be safely evacuated from the service in the event of a fire.

Staff told us that there were sufficient care workers available to meet people's needs. One care worker told us, "Our staffing levels are pretty good considering we have six clients. We have four staff on shift in the morning and four staff on shift in the afternoon when things are a little quieter. We have enough staff to spend quality time with residents." The registered manager told us, "We are fortunate really. Because of the range of people we have here we are quite well resourced. "During the day of our inspection we saw that there was sufficient staff on duty as some people went to rebound therapy, some people went for walks and others relaxed in the home. We saw that this was facilitated appropriately and people were given sufficient time to take part in their chosen activities. We also saw in the rota that additional staff were brought in to support people to attend hospital or doctors' appointments. The registered manager told us that she would regularly review staffing levels and would increase staffing numbers if people's needs changed.

The provider followed safe recruitment practices and ensured staff were appropriately vetted before working with people. The staff files we looked at included criminal record checks, two written references which were verified by the provider, interview records and an application form detailing the staff member's employment history. Each staff member's right to work in the United Kingdom was also checked and verified and included supporting documentation, such as legal name changes, where necessary. The provider had inclusive recruitment practices. These encouraged and supported people to be involved in the recruitment of new care staff. The process of involving people who used the service started during the initial stage when a vacancy will be advertised. During the interview process people who used the service will be part of the interview panel and will have an equal say for the recruitment of new care workers. We spoke with one person about this, the person told us "I really liked to interview and I have asked the person questions, it made me feel part of everything."

The provider had a robust medicines administration procedure. Care workers told us, and records confirmed that they had received training for the administration of medicines. We saw after medicines had been successfully administered care workers signed the Medicines Administration Record Sheet (MARS). We observed that the MARS and stock levels had been counted weekly. This ensured that any mistakes could be resolved as soon as possible. None of the people living at the service were able to self-medicate.

Where people had been prescribed medicines to be taken as needed (known as PRN medicines), staff had 'PRN protocol' guidelines for each medicine detailing the circumstances in which it was to be administered and how. These were correctly included and completed in each person's MAR sheets.

Good

Is the service effective?

Our findings

People spoke very positive of the support provided by staff. Relatives told us, "All the care staff are brilliantly trained", "They have a really good team there" and "[My relative] is well looked after; has a very good diet and has several activities which [my relative] attends."

Training records showed that staff had received induction training prior to commencing work. The training was tailored to the specific needs of people using the service and included training with regards to people's health, and social needs and people's behaviours and how to manage their behaviour best. Staff also attended mandatory training and training on other relevant topics including learning disability, mental health, mental capacity, safeguarding, epilepsy, fire safety, First Aid, Autism and Food Hygiene. Staff were very positive about the standard of training provided by the provider and confirmed that they received annual refresher training. They displayed a good understanding of how to support people in line with best practice particularly in promoting independence. Staff highlighted in particular the training they received in pro-active physical intervention training (Timian). They told us that this training helped them to better understand and support people who used the service. Staff told us that they "feel supported" and confirmed that they had "regular, planned supervisions". Staff also told us that they were able to discuss with the registered manager if they required additional training to meet people's needs. For example, training in regards to special medical conditions for one of the people who used the service.

Staff team meetings were held on a monthly basis, covering a range of topics relevant to the service, to ensure that staff worked consistently with people. During every third staff meeting time had been put aside for specific training. Staff members received individual bi-monthly supervision sessions with their line manager and annual performance reviews. Staff told us that prior to the appraisal meeting all staff were issued with a pre-appraisal self-reflection form. One staff member said, "This allows me to comment on my performance and discuss it with the manager during my appraisal." The induction provided detailed information on how to work with people with autism, learning disabilities, and people with communication difficulties and behaviour that challenge the service. We saw positive and creative ways of working with people, such as the use of various communication methods and detailed information on how to deal pro-actively with behaviour that challenge the service. These included a wide range of individual communication methods such as Makaton, object of reference and Picture Exchange Communication System (PECS). In addition to this we saw that the registered manager also found more creative ways to support people in making independent decisions. This training ensured that all staff had a consistent understanding of autism and the service they delivered to people was of a high quality.

People were in control of their support and made their own decisions where possible. For example, we saw one person making their own tea, access the kitchen for snacks and/or prepare lunch with the support of staff. We observed staff discussing with one person if they wanted to go to the shop in the afternoon.

We viewed the standard authorisation of Deprivation of Liberty Safeguards (DoLS) and found that appropriate processes had been followed and the authorisation was time limited. DoLS are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not

inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had been trained in the requirements of the Mental Capacity Act 2005 and understood what that meant for the people they supported. The service had good links with social workers from the local authorities who undertook assessments of people's capacity to understand and agree to their support when staff thought this was in people's best interest. For example five people who had been assessed by the local authority in regards to their capacity had a standard a deprivation of liberty safeguard authorisation in place. The staff were still waiting for the assessment of the sixth person and discussed this during the most recent care plan review with the social worker and contacted the local authority on numerous occasions.

The registered manager was aware of recent changes to case law relating to depriving people of their liberty for their own safety and had identified some people for whom this would be explored further.

Staff supported people to shop for and prepare meals of their choice. The menu was discussed every weekend during the meeting for people using the service. Staff told us that they showed people different pictures and people chose what they wanted by saying or pointing at these. The pictorial menu was displayed on a notice board in the kitchen. People's dietary needs had been recorded in their care plan as well as information about the support they required to eat independently. We saw in the menu that people were able to order take away meals and culturally appropriate meals. For example the registered manager told us that two people do not eat pork due to their religious beliefs and said "We buy Halal meat and when we cook an English breakfast on Saturday we just use turkey or chicken sausages and chicken or turkey bacon for the two guys." Meals were home cooked and people told us that they can request an alternative if they didn't like what was provided on the planned menu.

Staff supported people to maintain good health and access health services when required and when this was part of their support. Records documented appointments people had with health professionals and outcomes and actions for staff. Staff sought support from health professionals quickly when they were concerned about a person's health and we saw evidence of this. People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians. People were able to choose their own health care professional and specialist health care conditions were explored and the most beneficial treatment plan was sought and provided. For example, one person had severe epilepsy we saw that the person was under the care of a specialist consultant and information with regards to this condition was recorded in the person's care plan and staff told us that they had received training to understand and know who to deal appropriately with epileptic seizures.

All people had a hospital care plan in place, which could be used if people were admitted to hospital for treatment and provided hospital staff with the required information to support people. This was an excellent example of joint working and ensured that links with health and social care professionals were to the benefit of people who used the service.

Good

Is the service caring?

Our findings

A relative told us, "The staff are excellent; they genuinely care and show a real interest in our relative, but also in us." The person further commented, "Our relative has come very far since they moved in, they become much more independent and even started to talk, we are very pleased." Care staff told us, "People are given the same dignity and respect I expect for me"; "If I provide personal care the door must be shut. I treat clients as an individual, giving choice and provide ways of working that reflects that" and "I always knock on the door and don't go in unless I am granted entry, I call clients by their name and treat them as adults".

Staff knew people well and built positive, caring relationships with the people they supported. Each person's care and support records included their background and history as well as information relating to their current support needs. Staff told us these records helped them to get to know the person. However, they said that this was not a replacement for getting to know the person individually. One support worker told us, "You have to tailor the support to the person, each person has different needs and their own life and history and what makes them who they are. They get to know you too." The same support worker also told us that staff were matched to people with common interests to facilitate a positive working relationship.

The home had excellent links with relatives who were fully involved and consulted about peoples care and support. Relatives told us "They always invite me to any meetings" and "The manager will always ring me if there are any changes with my son." People were visited or visited their parents regularly. We saw very good practice how this was facilitated safely and appropriately. For example one person was found to display behaviours that challenge the service following visiting his parents. We viewed a step by step plan to be followed to reduce the person anxieties and make the visit more pleasant for the parents and the person. The person told us that he was very 'happy' with this plan and that he had been fully involved and consulted in the implementation of the plan.

We observed staff respecting people's privacy and dignity when supporting them. We saw that staff closed the door when people used the bathroom and staff discussed personal issues with people in private.

We found that people directed their own support and support was delivered according to their preferences. For example, during lunchtime we observed one person being able to choose the member of staff to provide support. We observed people were in control of their support, for example we saw staff asking one person to put on his coat, but the person decided to wait before he was ready to do this. We saw staff respecting the person's decision and giving the person additional time to get ready in their own time.

Staff told us they enjoyed supporting people and we observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. They gave us examples of how they respected people's diverse needs. For example, by making sure people's cultural and religious preferences were still maintained when they moved into the home even though the person may not remember this due to their cognitive impairment.

Staff demonstrated that they knew what providing a caring environment meant. One support worker told us, "You need to understand the people you are caring for. You need to discuss with them what they want because it is their home. We come and go, but this is their home. If people are not happy we will know. If they are happy it is a good environment." Another support worker told us, "Clients need to be involved and their needs must be met".

Staff were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Outstanding ☆

Is the service responsive?

Our findings

We talked to one person about his care plan, he told us "I have a care plan and meet with my key worker to talk about what I want to do, sometimes my parents come for a meeting." Relatives told us "The manager will always contact us if anything happens to our son; we are also invited to meetings. We are extremely happy with the care provided to our son." Another relative told us "This is the best placement he has ever had. He has even started to go to college we would never thought that this would be possible." This person also told us "We are also impressed with how his behaviour has improved, in the past we were contacted almost every week about incidences. Since he lived at Tigh Grianan they only contact us sometimes as the incidents have reduced significantly. As a family we are very happy."

Two care plans we viewed confirmed that a detailed assessment of needs had been undertaken by the registered manager, the person, their relatives and care staff working at the service. The assessment formed the basis of the care plan. Care plans were well structured and addressed a wide range of needs, actions and goals. All care plans started with a detailed pen picture which provided personal information, likes and dislikes as well as people and things which were important to the person. The pen picture was followed by various risk assessments and a risk management plan which looked at in-house as well as community based activities and risks to the individual. The risk assessments included information about communication skills and communication needs of the person.

A separate person centred plan (PCP) had been produced together with the people. We were in particular impressed by the way people who used the service had been involved in this process. For example one of the PCP's had been written by the person on his own, while the other PCP had been done together with the person. We saw that the key worker of this person outlined the writing which the person then followed. The provider stated on their website "In all our homes we start from the principle that people with learning disabilities have the same intrinsic rights as anyone else in the society." We saw evidence of this by making PCP's more meaningful, one example being that people drew pictures or attached photographs which they could relate to at each goal. Goals were achievable and also reflected aspirations the person had. For example, one person's aspiration was to fly a plane. We discussed this with the registered manager who advised us that the staff team were currently exploring this to make it a reality for the person.

An outstanding feature of the service was the excellent work Tigh Grianan has done in the management of behaviours that challenged the service. A healthcare professional told us "Tigh Grianan is very responsive to immediate changes in people's needs and behaviour; this has prevented my client from being sectioned, which had happened numerous times in the person's previous placement". The staff we spoke with showed a genuine interest of supporting people to help them to reduce the behaviour that challenge the service. For example staff told us "We are committed to try out different ways of working with people, this has helped people to reduce their challenging behaviour, but also be more active and take greater part in activities."

The service has excellent links with external and internal behavioural support teams. All people had well written behaviour support plans in place and we observed care workers using them and explaining the benefits these made for the people. For example one person became, in the past, very unsettled when he

didn't receive support from staff and would damage property, in response to this the person was given a bell, which he would ring and we saw staff attending to the person immediately and supporting the persons need. Another person had a history of pulling down window blinds. In response to this behaviour staff offered the person a chain of beads, which the person carries with him at all times and he no longer damages window blinds. These are very positive ways of responding to behaviours that challenge the service and it was clear to see that they were used and have reduced behaviours that challenge. Staff however told us that at times people still may become challenging, but these were seen as forms of communication. Staff acknowledged that the team must continuously work with people and find new creative ways of diverting behaviours from escalating. The registered manager told us that one person was restrained at his previous placement at least six times per day. However since living at Tigh Grianan this has reduced and for the past two years no physical intervention was needed to manage this person's behaviour.

We observed that people's independence was promoted at every possible opportunity. For example simply when making a cup of tea, making informed choices about activities or engaging people in house meetings and involving them in the running of their home. We saw creative examples of teaching people to become more independent and gain life skills. Care plans emphasised people's abilities and skills as opposed to looking at things people had difficulties with. However people were supported with their concerns and difficulties. For example we viewed guidelines in how to support a person in the community who was afraid of dogs, or how to visit health care professionals, or what help they required in their personal care. This was done in a very positive way, by looking at the skills the person has in managing this independently.

All people living at the home had a set routine. For example, attending college, going to rebound therapy, take part in cleaning activities, setting the table, out for walks in the local area and cycling. The routines were well structured and communicated to people with the use of various communication aids. For example objects of reference, PECS and SPELL. "SPELL is a framework for the understanding and responding to the needs of adults on the autism spectrum." These tools were autism specific, but each person used one of these communication aids or a variety of all of these communication aids.

The home was near public transport and local shopping facilities. Records showed that people accessed these regularly to do their personal shopping, go to the cinema or just for a stroll around the local shopping centre. People were actively involved in the local community. People accessed community facilities such as local leisure centres, cinemas and restaurants.

Records showed three concerns had been raised had been made about the service in the past 12 months. These concerns were managed appropriately and investigated by the registered manager and a full response provided to the person raising the concerns. Staff told us that complaints and concerns were taken seriously, investigated and resolved in good time. Relatives commended the registered manager for her quick response to concerns raised. A comment made included, "We are very happy how we are listened to and taken serious, and this makes a big difference." The provider's complaints procedure and policy contained a complaints flow chart, contact details of relevant outside agencies and the time frames in which complaints were dealt with. One person told us "I would go to [manager name] she will sort it out."

Staff told us that they were aware of the complaints procedure and said they would talk to a senior member of staff or the registered manager if any concerns or any complaints were raised with them.

Good

Is the service well-led?

Our findings

Relatives spoke very positively about the registered manager and care staff. They told us that the registered manager "Listens to everything I have to say and deals with our issues" and "We live a considerable distance away, but the service always keeps us informed, the manager is very good." Staff made similar positive comments about the support they received from the registered manager and deputy manager. One staff told us, "If I had a difficult shift, the manager will always take the time to sit down with me and look at what we could do in the future to make the shifts less challenging." Another staff told us, "I feel very well supported; the registered manager is very good and very approachable. If I have any issues, I will get a response and we look for solutions together."

Staff demonstrated a good understanding of the whistleblowing procedure and told us that they would make use of it if they felt that issues of concerns were not been dealt with appropriately by the registered manager.

The senior staff and the provider promoted clear strategic aims and visions. The provider says on their website, "People with Learning Disabilities have the same intrinsic rights as anyone else in society and therefore have the right to develop and make informed choices about their lives." These included providing appropriate support to people, providing appropriate educational support, building a skilled workforce and becoming the leading service provider for people with learning disabilities. It was evident talking to staff and providing examples during our conversations, that staff were clear about the organisational strategies and visions. For example staff told us that, "Residents can achieve anything they want and we will help them as well as we can." This was evident by the examples we saw of people having gained new skills in going to college, attending social clubs and accessing a wide range of community based activities.

People and staff had regular opportunities to make their voice heard. Meetings were arranged weekly and staff meetings were held monthly. We saw minutes of these meetings which showed that people were able to contribute and care plans and daily records confirmed that suggestions made by people and staff were listened to and implemented.

Team meeting minutes showed that there was a strong focus on learning from incidents in relation to behaviour that challenge the service. These were discussed during staff meetings and the team looked to find ways to reduce similar incidents from happening again by finding positive approaches in how to pro-actively respond to behaviour that challenge the service before it escalates. We saw that if the team did not have the appropriate skills in doing this, the registered manager sought advice from behaviour specialists to discuss the behaviours with the team and work together with the team to find agreed responses in reducing the challenging behaviour.

There were clear systems in place to monitor and improve the quality of care provided. This included checks which had been carried out by the registered manager and quarterly quality monitoring audits, which produced a quality monitoring action plan. The action plan included detailed outcomes of findings and any further actions that needed to be taken. Extensive checks covered the home holistically and covered areas

such as the premises, medicines, health and safety, risk assessments, care plans, staffing and finances.

The service effectively identified, assessed and managed risks to safety, health and welfare of people who used the service, relatives and outside professionals. There was a clear system for the maintenance of the building and equipment in use which ensured the service was safe. These included regular Portable Appliances Tests (PAT), annual legionella assessments and regular maintenance checks. There were robust systems to record accidents and incidents in place and we saw that these were discussed during supervisions and staff meetings to ensure that the service learnt from these and minimised the risk of such incidences in the future reoccurring. Fire drills were carried out, people had individual fire evacuation plans on file and the fire risk assessments were up-to-date and had been reviewed.

The home benefitted from an experienced registered manager who had been in post for a number of years. She had built a good rapport with relatives and outside professionals for the benefit of people who used the service.