

Jemini Response Limited

Jemini Response 52 Summerheath Road

Inspection report

52 Summerheath Road
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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

About the service

Jemini Response 52 Summerheath Road is a residential care home that provides accommodation and personal care for up to seven people who have learning disabilities and autism. There were five people using the service at the time of inspection. Some had specialist needs related to Autism and behaviours that challenged. People had different communication needs. Some people had limited verbal communication, and other people used gestures and body language to make their needs known. The organisation also runs two other care homes locally.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider, registered manager and service manager had very good oversight of the service. The registered manager was also the manager of the organisation's other two homes and he divided his time between each home. The service manager was responsible for the day to day running of the home. There was very good communication between the senior management and there were good systems to ensure everyone was kept up to date with accidents and incidents, complaints, medicines, recruitment and health and safety matters.

The service applied the principles and values of Registering the Right Support and other best practice guidance. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. They were encouraged to take part in daily living tasks with support from staff in areas such as laundry, taking dishes to the kitchen and putting their laundry away. One person liked to make their own sandwich at lunchtime. Two people had work placements where staff supported them; one at the local library and one at a café and washing cars at a local garage.

People had complex needs and were funded to receive a high level of staff support. There had been an unsettled period when some people's needs had increased, and this had an impact on people and staff. At the time of our inspection, the 'crisis period' had passed and life was slowly returning to normal. Staff, relatives and professionals complimented the management team on the support that had been provided throughout this period.

A relative told us the service manager, "Is amazing!! She supports staff and makes them feel valued. They are encouraged to keep up to date and to learn. She leads by example, good care has to come from the top and it does. We have great respect for her." Another said, "I cannot praise the level of care and the high level of

input from the Manager and her staff highly enough."

People received support from staff who knew them well as individuals. Staff turnover was low, and relatives valued the consistency this gave people as it helped them to feel safe. People's care and support needs were assessed and reviewed regularly. This meant people received care that was person-centred and reflected their needs and choices.

People were supported to maintain their own interests. Staff supported people to take part in choosing activities to meet their individual needs and wishes. This included, swimming, bowling, using cafes and restaurants, walking and trips to places of interest. A relative told us, "At Jemini, the staff really listen to (Person). In other places they didn't listen. It's refreshing, they encourage him to make decisions. Before he was deprived of this type of learning."

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines safely.

Staff received training that helped them to deliver the care and support people needed. This included specialist training in autism and positive behavioural support to meet people's complex needs. They attended regular supervision meetings and told us they were very well supported by the manager. Staff told us they felt, "Completely supported," and "really helpful, it's a good time to talk about any worries and to share ideas."

People's health and well-being needs were met. Where appropriate, staff supported people to attend health appointments, such as the GP or dentist and appointments for specialist advice and support. A visiting professional told us, "I am always impressed by the calm and friendly atmosphere that pervades when I visit although there are occasional outbursts which are always effectively and calmly handled by the staff team." People's nutritional needs were assessed. They were supported to eat a wide range of health, freshly cooked meals, drinks and snacks each day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There was a detailed complaint procedure, and this was displayed so anyone wanting to raise a concern could do so.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Published 11 January 2017).

The overall rating for the service has remained Good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jemini Response 52 Summerheath Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Jemini Response 52 Summerheath Road is a 'care home'. 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced an hour before the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people and staff at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

People were not able to share their views of the service, due to complex communication and support needs. Therefore, we observed their experiences living at Summerheath Road and staff interactions with them. We spoke with the registered manager, service manager, provider, deputy manager, senior care worker and a care worker. We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway three tracked people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training, minutes of meetings and quality assurance records. We sent emails to six professionals who regularly visit the service and received four responses. We also sent emails to four relatives and received contact from three relatives by email and one by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and observed to be content in their surroundings. A relative told us, "Staff have a code word to call for help, I have seen this used effectively on two occasions." This meant staff knew how to react appropriately to emergencies and people did not become unduly distressed.
- Staff had a good understanding of how to make sure people were protected from harm or abuse.
- All staff had received training and knew how to recognise signs of abuse. A staff member was clear about the procedure and said, "We would always report any concern to management but if necessary we could go straight to the safeguarding team." Appropriate referrals were made to the safeguarding team as needed.
- A relative told us, when there was an escalation in (Person's) behaviours that challenged, "The senior management have worked tirelessly to ensure that (Person) and staff were kept safe and to reduce and investigate what the triggers were. They have always been very transparent with us and have worked closely with us to ensure a safe working environment. They have liaised closely with us and involved the Community Health team to ensure that (Person's) needs were served and he was successfully brought out of crisis."
- Another relative commented that they had many concerns previously, "But the last 10 months we now feel that we are listened to, they are transparent about behaviour or concerns."

Assessing risk, safety monitoring and management

- Where risks had been identified, there were appropriate assessments and management plans for staff to reduce the risk as much as possible. There were clear guidelines in relation to the management of behaviours that challenged. People who displayed behaviours that challenged had positive behavioural support plans. These included advice for staff on positive strategies to divert and distract from behaviours, early interventions that could be taken, how to deal with a crisis situation and how to support the person to recover from situations.
- One person's activities had been suspended due to an increase in their levels of behaviours that challenged, and the risks posed to them and to staff. Professional advice and support had been sought and after a period of time all activities had gradually and successfully been reintroduced.
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency.
- Fire drills were held regularly. Each drill was evaluated to ensure staff were clear about the procedure. A staff member was clearly able to describe the actions taken when the alarms sounded.
- People lived in a safe environment because the service had good systems to carry out regular health and

safety checks and checks on electrical appliance safety. A legionella risk assessment had been carried out to ensure the ongoing safety of water.

- A maintenance tracker was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.

Staffing and recruitment

- There were enough staff to meet people's needs. People were funded to receive varying levels of staff support. This included one to one, two to one and in one case three to one staff support. The rotas clearly demonstrated how these hours were covered.
- Due to one person's needs, their placement authority had funded staff support from a recruitment agency who specialised in supporting people with high levels of behaviours that challenged. This meant throughout the day, two staff from the agency worked with the person. In addition, a staff member from the home worked alongside these staff to interpret and direct them in meeting the person's needs. The intensive care package was arranged in an attempt to prevent a hospital admission.
- A relative told us, "Staff are allocated for the entire shift which helps with the continuity of care. Quality of staff recruited appears excellent and new staff appear to be supported well. All staff are encouraged to keep up to date and to learn, they have told me about various on-line courses they have completed."
- There were on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Using medicines safely

- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded appropriately.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief or for behaviours that challenged. There were protocols in use that described when they should be used and the need to refer to guidelines in the first instance. When PRN medicines were used, records stated if they had been effective.
- People's records clearly stated how they preferred to receive their prescribed medicines. Some people liked to go to the office to receive their medicines. The service manager told us their long-term plan was to have storage in each person's bedroom. People were often resistant to change, so plans to implement this were being done gradually. One person had storage in their bedroom.
- Staff had received both online and face to face training in the management of medicines. In addition, they had to be assessed in terms of competency before they were signed off to give medicines.
- People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed regularly.
- Aprons and disposable gloves were available for staff use.
- Since the previous inspection, a new hygiene guide had been written, the numbers and types of products used were reduced and a new two-tier (night and day) cleaning system was introduced.

Learning lessons when things go wrong

- There were systems to ensure records were kept of accidents and incidents along with the actions to be

taken to reduce the likelihood of an event reoccurring.

- There were a high number of incidents recorded. Records provided detailed information about what happened before, during and after incidents. They also showed, when people were encouraged to go to a quiet area, if emergency medicines had been given, and if people or staff had been injured. All incidents were analysed to ensure guidelines had been followed and to assess if anything could have been done to prevent incidents.
- Where appropriate, behaviour support plans and risk assessments had been amended. Following one incident, a new procedure was introduced whereby there would be a change of staff as this was distraction for the person. For another person, it was recognised there was a need to ensure their environment was always ready as they did not like to wait. Ensuring the kitchen was not occupied when they completed breakfast preparation meant staff could step back and allow the person processing time to complete their task independently. This led to a significant reduction in incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Most people had lived at the service a long time. Their needs and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- There was one vacancy. In addition, one person was temporarily living away from the home whilst their physical and mental health needs were assessed. Another person's needs had changed over the previous months and it had been assessed that they should move to a bespoke purpose-built accommodation nearer to their parents. In the interim, the person's funding authority had put in place a package of care to ensure their complex needs could continue to be met at Summerheath.

Staff support: induction, training, skills and experience

- The training programme confirmed staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling and health and safety.
- Specialist training was also provided that reflected the complex needs of people who lived at Summerheath. This included training on autism, positive behavioural support (PBS), dealing with behaviours that challenged and epilepsy. Each person had a care plan that described the support they needed in relation to any diagnosed condition.
- We asked a staff member about recent training that had supported them in their role. They said, "I really enjoyed the Makaton training (A form of sign language using symbols) and I want to learn more. We are introducing sign of the week to encourage all staff to learn and use consistently with two people and we are introducing choice boards to help people make choices."
- Staff told us their views were listened to. For example, a staff member told us staff had fed back to management that the training provided on epilepsy had not been good and they did not feel it gave them confidence to deal with emergency situations. Further training was then given from a different provider and this met their needs.
- New staff completed the provider's induction process. A staff member told us, "Management were really honest about the challenges working here so I knew what to expect and this helped me. The support was very good, and I fitted in really well." All staff told us they attended regular supervision meetings. Comments received included, "Completely supported," and "really helpful, it's a good time to talk about any worries and to share ideas."
- All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are

new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

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

- People had enough to eat and drink and we saw that they were offered and received a choice of drinks throughout the day.
- Menus were based on people's preferences. There was a choice of meal offered and staff told us people could also have options that were not on the menu if this was their choice.
- All staff had received training on nutrition and hydration.

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

- People arranged their bedrooms as they wanted them with personalised objects, photographs and individual furniture and bedrooms reflected their personalities.
- There were a variety of communal spaces including a large lounge and dining area and a quiet lounge. In the garden, there were three separate units, one used as a sensory area. This also included a projector screen where people could watch DVDs. Staff told us that sometimes people from the other sister homes visited to join people in watching them. There was also a 'cosy snug' and the third unit was used as a kitchen space. Staff told us it had been set up as a 'mock café' in the summer months and one person loved spending time in this area.
- The deputy manager told us the height of the fencing around the rear garden had been increased as people had been repeatedly throwing objects into the neighbour's garden. One person had a swing chair in the garden.
- Everyone had their own electronic tablets, and some were given support to use these.
- The service had two cars and one person had also recently got a Motability car, so this meant their needs could be more easily met.
- A staff member told us that they went through colour schemes with one person recently to decide new paint for their bedroom. They did this over three sittings to make sure the person was happy with their choice.

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

- Referrals had been made for specialist advice and support when needed. Records were kept of visits to see professionals and any changes in support and care were discussed with the staff team and recorded in daily handover sheets.
- The registered manager was aware of the need to ensure people had good oral health, appointments with dentists were arranged as required. Staff told us people were prompted and where appropriate, supported to look after their teeth.
- A health professional told us staff, "Always attend appointments with their clients and always bring the most appropriate person along with them. If for any reason they cannot attend, they will always let us know." Another health professional said the service manager had been "Particularly helpful. They've always been organised and seemed to care about the clients, getting in touch proactively to update me and ask questions."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments had been completed when needed. Records were kept of how staff had tried to help people make informed decisions. Social stories (via PECS, a Picture Exchange Communication System) were used to explain procedures like the seasonal flu vaccinations and these had been effective in helping people to give informed consent. (Social stories involve using written or visual cues that help guide people who struggle to understand unfamiliar social situations).
- Where appropriate, best interest meetings had been held to ensure an agreed outcome was reached on the approach to be used.
- A best interest meeting was held for one person who could not consent to dental treatment and they were showing signs of pain. As part of the meeting it was agreed that a general anaesthetic would be carried out and at the same time another health treatment was also carried out. Both treatments were successful and had a positive effect on the person's wellbeing.
- Applications for DoLS authorisations had been sent to the local authority for processing, some had been granted and the home were awaiting final decisions for others. Applications included detailed information about why some restrictions were needed.
- A relative told us, "They are very open to suggestions and have arranged best interest meetings to discuss potential DoLS issues when requested. Even when they didn't agree with a request, I respected them for the reasons they gave to support their side of the argument. Their knowledge of the law regarding DoLS is sound."
- The least restrictive option was always used. One person had recently moved to an alternative placement on a short-term basis. The need for the move was explained using social stories and these were used throughout the day of the move to make sure the person understood what was happening. A staff member who supported the person said, "I really saw the use of social stories, we originally thought the move would have to be done through a DoLS and we were apprehensive about the journey, but it couldn't have gone any better."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, and their individual needs were met. A staff member told us that due to one person's unpredictable behaviours that challenged they were unable to attend a family member's wedding. A week following the wedding, the person's family members dressed up and recreated the wedding at Summerheath. This meant the person was able to dress up and take part in the occasion and their relatives were able to have photos with their family member.
- People were funded to receive at minimum one to one support, so staff told us they could do what they wanted, when they wanted. A staff member told us, (Person) likes to eat as and when, rather than at set mealtimes, this is respected. If people want a bath before breakfast or vice versa this is respected.
- A visiting professional told us, "I have observed the manager and carers showing a great deal of compassion and care towards clients here."
- Staff communicated well with people and in a way, they could understand; people responded warmly to this. For example, one person liked it when staff repeated a particular sound they made. They smiled whenever this was done.
- A relative told us staff, "Know (Person), they recognise things, good and bad. They can read his facial expressions and know his mannerisms and how to support him."

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

- A relative told us, "Staff are happy, welcoming and have a good understanding of (Person's) needs. Another relative told us, "At Jemini, the staff really listen to (Person). In other places they didn't listen. It's refreshing, they encourage him to make decisions. Whilst he is encouraged to go to bed at a reasonable time, if he wants to stay up late, he can. If he wants a chocolate bar he can have one. He learns from this. Before he was deprived of this type of learning."
- Staff encouraged people to make choices and decisions in every aspect of their daily routines. This was done verbally, through the use of Makaton, PECS and by using objects of reference. Staff knew people well and were able to anticipate things that might make people anxious and unable to make decisions. For example, if the lounge was busy and staff wanted to talk to someone about their day, they asked the person to go to a quieter area, so they could talk.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain and develop new skills. We observed a staff member encouraging a

person to take their clean laundry back to their bedroom to put away. Another person's goal was to put their coat away independently when they returned to the house. Records showed when this had been achieved and clearly recorded tasks such as, "Took breakfast dishes to the kitchen and put them in the dishwasher."

- Staff told us one person made their lunch daily with staff support.
- People's bedrooms were decorated as people wanted and reflected their individual tastes and personalities. People's privacy was respected, and staff knocked on people's doors and only entered when permission had been given.
- A relative told us their relative's keyworker was "Excellent, so young but capable and enthusiastic. She initiated many things to improve (Person's) quality of life and went to a lot of effort to create a 'sensory' bathing environment for him when he became reluctant to bath. She sourced various lights and sounds for him which encouraged (Person) back in to the bath - an activity which was previously a lifelong favourite."
- A staff member told us, "(Person) has two to one support but sometimes particularly in evenings, they just want some time alone. They love sitting in their room reading and singing, sometimes we sit with them and join in, but sometimes we sit outside. We have to respect their wish and need for private time."
- Staff were aware of the importance of confidentiality and all documentation was kept secure and only available to those with a right to see them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had care plans and risk assessments that identified and recorded their needs. Care plans were reviewed regularly, amended when people's needs changed, and were up to date. For example, when one person was anxious because another person displayed behaviours that challenged, risk assessments were reviewed to highlight the need to use areas of the house where the person was most calm in the event of a reoccurrence. There had been no further incidences.
- Each person had a care passport which clearly detailed what the person could do for themselves and what they needed support with.
- Positive behavioural support plans were person centred and described clearly how people presented at various stages and how they should be supported to avoid situations escalating.
- People's routines were very important to them and records clearly recorded what should be done and when. In order to avoid people becoming too rigid in their routines, measured flexibility was built in. For example, staff encouraged people to make simple choices by offering two choices in what they ate and the activities they did.
- Where possible, people were involved in making decisions about their day. We observed a staff member when they were writing a person's daily notes. They sat with the person and talked to them about the places they had been and the things they had done and asked them if they had enjoyed their morning activities. Records accurately reflected the person's views.
- A visiting professional told us, "I am always impressed by the calm and friendly atmosphere that pervades when I visit although there are occasional outbursts which are always effectively and calmly handled by the staff team." A health professional said, "I have dealings with most of the senior managers at Gemini and feel them to be caring, very responsive and quick to act in a crisis."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and how they communicated. Each person had their communication needs assessed and recorded.
- People used a variety of communication methods and tools and staff were skilled in understanding these. One person used some Makaton (a form of sign language). They used a limited number of signs, but staff

were able to use these to communicate with them. Staff had been working on a PECS system for two people and had laminated choice cards to help people to choose their activities. This was due to be introduced imminently.

- Social stories were used to explain situations that were new for people to help their understanding. For example, to explain trips to the dentist or to explain staff who were leaving employment.
- Staff told us one person had recently started to say 'No.' This was a big achievement as it meant they were learning to make choices rather than going along with what was suggested to them. Another person had certain words they used to demonstrate their feelings when they were upset or anxious. These generally related to certain film characters and staff knew that when these character names were used this was an indication the person was anxious.
- A relative told us, "Communication is brilliant. I'm known when I phone and am always passed to the staff member supporting (Person)."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to carry out every day activities and to be part of the local community. They were supported to meet people and to form everyday relationships.
- Staff spoke to people's relatives on a regular basis, and relatives told us they felt welcome when they visited the home. One person's relative phoned every other night and the person looked forward to this contact. Another person's relative told us they rang the home weekly and that staff kept them well informed. A relative told us, "They welcome visits from us and facilitate days at home for (Person). I have arrived unannounced and there were no nasty surprises."
- Two people had work experience placements. A staff member supported one person to help out at their local library. Another staff member supported another person to wash cars at their local garage. They had also recently started another job at a local café washing up and filling up sugar jars. Given people's complex needs these achievements were massive for the people involved.
- Each person had a programme of the activities they enjoyed, these included swimming, bowling, walking, arts and crafts and café and restaurant trips. One person used to do bike riding, but this had been temporarily stopped due to assessed risks. It was hoped this could be reintroduced soon. One person had a love of all Disney books and films and they loved spending time in their room reading these and watching the films.
- Staff told us that some people enjoyed a film night at home. Popcorn was provided, and people took turns to choose which film to watch.

Improving care quality in response to complaints or concerns

- A number of complaints had been received within the last year. These mainly related to the time the home was unsettled. Records demonstrated they had been investigated thoroughly and where appropriate, changes had been made. The registered manager always offered to talk to complainants about their concerns.
- There was an easy read complaint procedure for people. A post box was positioned in the hallway and in addition to post, staff told us this could be used for any complaints, compliments or suggestions.
- Staff told us that in most cases, people would demonstrate through behaviour if they were unhappy with a situation. Staff told us once you get to know people, you knew when they were happy, sad or upset by something. Records confirmed there was clear advice and guidance about how people expressed their emotions.
- Staff told us they found all the management team approachable and would have no hesitation approaching them if they had any concerns.

End of life care and support

- The registered manager told us that if anyone needed end of life care in the future, this would be fully assessed at the relevant time.
- The service manager had a plan to meet with individual relatives to discuss their views on how end of life care should be provided in the event of this situation arising. One meeting had been held and a very detailed booklet had been written that included the relative's thoughts and wishes. The service manager told us this had been a very productive meeting and they learned a lot of very important information. A meeting had also been arranged to do a similar exercise with another relative.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. He was also the registered manager of another two homes within the organisation and he divided his time between the homes. Within Summerheath there was also a service manager who took responsibility for the day to day running of the service. The owner also visited the home regularly and there were regular management meetings to ensure everyone was up to date incidents, safeguarding matters and changes to care plans.
- There was a detailed handover between each shift to ensure staff were informed about the previous shift and clear about their role for the next shift. We observed the handover between the day shifts. Staff discussed each person in turn and how their day had been. They also discussed how any issues that arose had been dealt with and any matters left from the morning that still had to be attended to.
- A staff member told us, "The senior support team are trained and act as mentors to staff showing them how the job is done. They show passion and confidence in what they do. Despite the unsettled period, staff turnover has not been great and job satisfaction here is massive."
- Another staff member told us, "Sometimes it can be mentally challenging working with one person intensively, but we rotate so staff can get a break, and this really helps."
- Audits of medicines were carried out, but these mainly involved a stock check of all medicines. The service manager told us they would be expanded upon to look at a range of matters related to medicines. The service manager had also asked their local pharmacist to support them in relation to MAR charts. Although a number of staff had been assessed as competent to give medicines a new form was being introduced with a much more thorough monitoring process in relation to competency. The service manager told us all staff would be assessed using this process.
- Several matters had been identified in terms of maintenance including redecoration of bathrooms, replacement of some furniture and general décor. All tasks were assessed in order of priority and a timescale was set. Staff told us urgent matters were addressed immediately.

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

- Staff, relatives and professionals all commented on the positive culture in the home. A staff member told us, the service manager was, "A great manager, I trust her completely. She helps us a lot."
- Management recognised that staff had been through a difficult few months, so they had looked at rewards

and incentives that could be given. All staff that had no absence were entered into a raffle. A Christmas raffle was also arranged. Employee assistance was arranged and available to all staff to promote staff wellbeing. An external life coach was also used for business advice and support for the management team.

- A relative told us, "I cannot praise the level of care and the high level of input from the manager and her staff highly enough." Another relative commented, "I feel that the service is now well led, the staff have a good understanding of the individuals they support, house is clean and tidy and if I have any concerns I feel able to raise these." A third said, "There is an uplifting atmosphere in the home, we get a lovely greeting, all smiles."

- A visiting professional told us, "I have found the management team courteous and eager to listen to any advice from fellow professionals. I visit placements throughout England and Wales and I would rate this home highly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.

- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.

- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents. Notifications were submitted to the CQC, as required. The previous CQC rating was prominently displayed in the home and on the provider's website.

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

- Staff meetings were held regularly, and minutes of the last meeting demonstrated clearly that staff were encouraged to share their views and any concerns they might have. Records reflected that staff were praised and encouraged to make improvements in various areas. A staff member told us, "We have frank proper professional conversations. Everyone is able to share their views." They said that through the unsettled period, they were able to, "Share the burden and received lots of feedback and support."

- A staff member told us they had wanted to take a period of time away from work. They were going to leave their employment but decided to ask if they could take unpaid leave instead. They were very pleased when this was agreed and said, "Management were very supportive".

- Satisfaction surveys had been carried out to assess people, relatives, staff and professionals' views in relation to the running of the home. The registered manager was able to tell us the actions taken as a result, but this had yet to be formally written.

- At the time of the staff survey in September 2019 the response was very negative. Staff gave a very honest appraisal about the issues they felt were important. The registered manager told us they addressed these issues and staff morale with positive rewards. These included; employee assistance, (counselling) increased training opportunities, pay reviews, birthday leave, which automatically gave staff their birthday off and improved communication and the handover between shifts. They felt that through feedback via supervision and staff meetings morale had improved.

Continuous learning and improving care

- The organisation was looking to eventually become paperless. The registered manager told us they would do research to find the best system suited to the organisation. A company had been booked to come and do a presentation to the management team on how their online care plan system worked.

- The registered manager told us they had recently changed their positive behavioural support training

provider because this had concentrated on behavioural management. Training in active support had been planned for December 2019 and sensory training was also due to be arranged. The registered manager said, "We could spend years analysing behaviours, but we would rather spend time making sure people are doing activities that are meaningful to them. When we get that right, behaviours disappear."

- The registered manager said the company as a whole had recently sent out memos to all staff asking if they would like to become champions in infection control, wellbeing and restraint reduction. They had a particular success in one staff member whose passion for infection control had been relentless. A new hygiene guide had been written, the numbers and types of products used were reduced and a new two-tier (night and day) cleaning system was introduced. The registered manager said, "It's so important to get the right person for the job. It makes a big difference to the result."

Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including GPs, dentists and the community learning disability team.
- The registered manager told us they attended the registered manager's network. They said this was a valuable resource and an opportunity to meet with other managers to hear and share problems but also to discuss and share ideas of innovative practices. A recent meeting had focussed on matters that needed to be reported to CQC and the registered manager said this had been very valuable in clarifying what did and did not need to be reported.
- The registered manager also attended the challenging behaviour network arranged through the local council. They told us the last meeting concentrated on a system the home had already implemented (gaining support in an emergency situation) so they were able to feedback their experience of the system.
- The home had signed up to, STOMP 'Stopping the over medication of people with a learning disability, autism or both.' People's medicines were reviewed regularly and within the past few months three people's medicines had been reduced with good results. A staff member told us "The reductions were done really slowly. (Person) coped really well and since then we've really seen his character coming out more."
- The registered manager had worked closely with the local authority Market Support team for advice and guidance around mental capacity. They told us any learning as a result of their involvement had been transferred to Summerheath.