Royal Mencap Society

Hulse Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Hulse Road is a small care home providing support and accommodation for up to six people with a learning disability. The home is run by The Royal Mencap Society, a charity based in the UK that works with people with a learning disability. At the time of our inspection there were four people living in the home.

We inspected Hulse Road on 5 October 2017 and this inspection was unannounced. The registered manager was approachable and available throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was last inspected in November 2016 and received a rating of Requires Improvement. The home was found to be in breach of Regulation 13 because people were being deprived of their liberty without the appropriate legal authorisation in place. At this inspection there were still areas to improve but the service was no longer in breach of this regulation.

The service had not always identified potential risks to people in order to take the appropriate action to keep people safe. Staffing levels dropped to one member of staff after 4pm and risks around the front door being accessible to people had not been considered. We have made a recommendation to the provider that the staffing levels after this time are reviewed.

Medicines management had improved since our last inspection; however we did observe a few areas that still needed addressing. For example one person's medicine protocol was not specific to why this person needed to take this medicine in order for them to be supported appropriately.

We found the service to be clean and homely. We reviewed the cleaning record for communal areas but the registered manager was unable to locate the usual cleaning schedules showing which other areas of the home were kept clean and how often this was completed.

Areas of improvement were still needed around the recording of mental capacity and consent. We saw that people's support plans did not show evidence that people had consented to live in the home and receive support. Where people may have been unable to consent to this, no mental capacity assessment had been completed.

We reviewed the training matrix online and saw that the majority of staff were up to date with their training, however there were some gaps. Staff told us they felt more enhanced communication training was need to better support people in the home.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. We saw that people were very

comfortable and relaxed in the home environment and in the presence of staff. One person told us "I'm happy here, staff help me get ready." A relative commented "Staff are caring; [X] is very happy and can't wait to get back home when we have been out. Staff are supportive, everyone loves [X], it's a very caring home, they look out for individual needs and plan for individual needs."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home, however the audit processes that supported this were not effective. The registered manager recorded the date of any completed audits in the home, for example medicines, infection control or health and safety audits. However there were no audit checklists in place that the registered manager followed or that could record what areas if any were found to need improvement.

Some relatives spoke about the need for the service to communicate better with them about their loved ones commenting "Communication could be better, what people are doing, how they are, haven't been impressed with that lack of feedback and it's been a long term thing. We did have a yearly survey but things were not actioned or changed as a result." The registered manager was aware that communication with relatives was an area that needed to be developed.

The service promoted a positive culture that was person-centred and people, their relatives and staff spoke warmly about the registered manager. One person told us "The manager is about, I talk to her often, she helped me book my holiday." One relative commented "The manager has been brilliant; they try hard to support people. They encouraged [X], they don't give up. They are doing a brilliant job and I'm very impressed with staff and the manager. People are happy" A member of staff said "The manager is amazing, the best manager we have had, she's approachable, she listens, she cares about people and staff."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Not all risks to people had been identified in order for action to be taken to minimise the risk and make safe for people.

Staffing levels dropped to one member of staff after 4pm and risks around the front door being accessible to people had not been considered.

Although medicine management had improved since our last inspection there remained a few areas that needed further improvement including medicine reviews.

Staff were knowledgeable in recognising signs of potential abuse and knew the actions to take to safeguard people from harm.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service was no longer in breach around areas of mental capacity and depriving people of their liberty, however there was further work to be done in areas including consent.

Most staff had completed training relevant to their role, however staff told us they would benefit from more enhanced communication training to better converse with people living in the home.

People received on-going healthcare support from a range of external healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff had developed caring relationships with the people they supported and we observed positive interactions between people and staff.

Staff provided care in a way that maintained people's dignity.

People's privacy was protected and they were treated with respect.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Is the service responsive?

Good

The service was responsive.

Care, treatment and support plans were personalised and recorded information clearly on how to support people with their preferred daily living routines.

People were supported to participate in activities and events in and out of the home. Staff also encouraged and supported people to complete activities of daily living.

There had been no formal complaints raised since the last inspection. People living in the home had been given information on how to make a complaint should they wish to do this.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home, however the audit processes that supported this were not effective.

Some relatives spoke of the wish to see improved communication from the home to better understand the care, support and experiences their loved one's received.

The service promoted a positive culture that was person-centred and people, their relatives and staff spoke warmly about the registered manager and the support they received from them.

Hulse Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 5 October 2017 and was unannounced. The inspection team consisted of two inspectors. The home was last inspected in November 2016 and received a rating of Requires Improvement.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

Some people living in the home had complex communication needs and we were therefore unable to speak with everyone during this inspection. We spoke with one person fully, conversed a little with another person and spent time with all four people observing them in their home environment. We also spoke with four staff members and the registered manager. We spoke with three relatives by telephone after this inspection and contacted two health professionals for their views of the service but did not receive a reply.

We reviewed records relating to people's care and other records relating to the management of the home. These included the care records for three people, medicine administration records (MAR), staff files, the provider's policies and a selection of the services other records relating to the management of the home. We observed care and support in the communal lounge, kitchen and dining area during the day.

Requires Improvement

Is the service safe?

Our findings

Although some risk assessments were in place for people we found two examples during this inspection where a potential risk had not been identified and risk assessed to ensure people were kept safe at all times. When we arrived on the first day of our inspection one person living in the home was hoovering outside of the front door. There were no staff immediately present with this person and the door was to the home was open. This person had a Deprivation of Liberty Safeguards (DoLS) application in place for needing 24 hour supervision outside of the home (DoLS are part of the Mental Capacity Act 2005, which aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom). Although this was a positive experience for the person to be encouraged to undertake, there was no risk assessment in place to ensure this person remained safe whilst doing it. This person's care plan stated that '[X] is unaware of traffic dangers, stranger dangers, other community dangers and has no hearing or speech.' After the inspection the registered manager sent us a risk assessment that had been put in place to address this concern which stated, 'Staff to be aware of the location of all people at all times. If people choose to open the front door for any purpose such as cleaning, staff will remain within close proximity to the individual.'

We saw that a cleaning cupboard had been left open with a bucket on the floor containing cleaning chemicals. This was accessible to people living in the home. The registered manager explained it had been an oversight by staff and usually these were put at a safe height and the door locked. This was actioned when we later checked. We saw one person had a risk assessment in place for when they are out of the home alone. However whilst other risks around this had been considered the risk of this person being vulnerable to potential abuse had not been managed. The registered manager said the risk assessment would be developed to include this and the action to take to reduce the risk.

We saw that risk assessments were in place for things including money management, if a person went missing, certain activities and personal evacuation forms in the event of an emergency. The registered manager told us "We daily assess risk, its part of how we work with people; we work to find people suitable alternatives if something is not safe." We saw that the temperature of the kitchen fridge was being recorded daily. However we saw that for the last few months there were several days where the temperature recorded had been above a safe storage level. We saw that staff had documented that this had been noticed and the fridge temperature adjusted to the correct range. The registered manager thought this may because one person was opening and closing the fridge door in the mornings, but were looking to purchase a new fridge to be sure.

We observed that staffing levels in the day were sufficient. Four people were supported by two or three staff and depending on the types of activities planned more staff would support on shift. Two new employees had recently been recruited and were in the process of having safe employment checks completed. However at 4pm the staffing levels dropped to one member of staff who would then do the sleeping night. The registered manager did not use a dependency tool to calculate the current staffing, but said it was reviewed regularly to see if more staff were needed and the staffing was planned to maximise the time for people to access activities outside of the home.

We raised a concern with the registered manager that at 4pm only one member of staff was available to support everyone living in the home and that the front door remained unlocked from the inside. This meant that people could open the door freely to visitors and also leave the building if they chose. Three people had a DoLS application pending for being supervised 24 hours in the community which meant they were not safe to leave the home without a member of staff present. There was a risk that if the one member of staff was supporting someone in their bedroom with personal care they would not know if a person answered the door to someone or left the home during this time. Although this had not previously happened the potential of this risk occurring was high. One relative told us "There is enough staff at the moment, but only one staff on after 4pm; they can't do anything after this time if they want to go out." The registered manager told us "I appreciate that this needs to be considered, it has stemmed from when we were short staffed and we were trying to make sure everyone accessing the community had the staff in place for this time."

We recommend that the provider review the staffing levels after 4pm and address accordingly to minimise the potential of risk to people in the home.

After our inspection the registered manager contacted us to inform us of the immediate actions they had taken in response to this risk. A risk assessment was put in place for the front door being unlocked. A door sensor alarm would be purchased so staff would be alerted when the front door was opened and can check in case someone needed support. Access could not be gained from the outside but the registered manager has now told staff the front door is to be locked internally between the hours of 5pm and 9am. The registered manager was present in the service from 4pm until 5pm.

Staffing levels in the home had previously been inconsistent and the registered manager had been in the process of addressing this. At this inspection relatives and staff told us staffing levels had now improved. Staff felt they had enough time to spend with people commenting "We get enough time with people, one to one, no problems with staff" and "There are enough staff to always go out and I feel there is enough support." Relatives told us "There is enough staff now, they will be fully staffed, it's an improvement" and "Staffing has changed a lot, the key worker system hasn't settled down as much as it needs to. Hoping changes will be implemented." The registered manager told us "We have a positive stable staff team, people feel secure and listened to, the whole process last year has been getting staff in place and who work well with people."

Medicines management had improved since our last inspection; however we did observe areas that still needed addressing. For example people's prescribed medicines were kept in their bedrooms in a locked cabinet. For people that self-administered they kept their own key and for people that needed support around medicines the staff would keep the key. We found that the temperature of medicines kept in peoples bedrooms were not being checked to ensure the medicines remained at the correct storage temperature for safe use. The registered manager told us this would be addressed without delay.

We saw that protocols for medicines prescribed to take 'As required' (PRN) were now in place. Most of these protocols were clear in explaining why the person may need their PRN medicine and how each person might indicate if they were in pain so staff could recognise the signs. However we saw one person's PRN was not specific to the person and stated the reason the person took it was 'To treat conditions that affect the way we act, think and feel whether anxious, tense or agitated'. This was not specific to why this person needed to take this medicine in order for them to be supported appropriately. Some protocols did not record other methods to try and support the person with first rather than administering medicine as a first resort. One PRN for topical medicine did not have a body map in place to show staff where the medicine should be applied. We saw that body maps were present for all other topical medicines. The registered manager told us this would be addressed.

The home kept homely remedy medicines (A homely remedy is another name for a non-prescription medicine that is available over the counter in pharmacies. They can be used for the short-term management of minor conditions). We saw that a GP had agreed what was appropriate for people living in the home to take as a homely remedy; however this had not been reviewed since 2014 to ensure it remained relevant. We saw that one person had not needed to take their PRN medicine for three years; however the home had recently received a new prescription for this medicine. The registered manager told us the GP had been contacted to review this person's medicine but the PRN medicine had not yet been removed. The registered manager said they would follow this up again. We observed one gap on a person's medicine administration record (MAR) where a signature was not documented. This meant it was not known if it was a recording issue or the person had not received their prescribed medicine. The registered manager was unaware of this and said this would be followed up with staff. There were no other gaps observed.

All other aspects of medicine management were good. The service supported people where possible to take responsibility to manage their own medicines, even if this was only a small part of the process. Staff would then check daily that anyone self-administering had taken their medicines and sign the MAR to say the medicines were no longer there; however it had been made clear they were not signing to say this had been witnessed by staff. We observed the administration of medicines to one person and the staff member followed appropriate practice staying with the person whilst they took their prescribed medicine before returning to the MAR to document this.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. Staff told us "It is about protecting vulnerable people. We look at behaviour, signs of distress and report concerns to the manager, I would be happy to refer to The Adults Safeguarding team" and "I would speak to the manager, or the area manager. Depending on the type of concern there is also the Police, Wiltshire Council, or CQC. There are risks of financial, physical, emotional, or sexual abuse."

One person told us "I feel safe" living in the home and relatives we spoke with also felt their loved ones were kept safe commenting "I have no concerns over safety at all" and "There are no concerns over safety." We saw that support plans considered specific vulnerabilities that people were susceptible to including financial management and intimidation from others. Information in a pictorial format was available, which explained how to tell someone if something was good or bad and about the different kinds of abuse that people could experience. This helped people to be aware and informed on how to raise any concerns.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character which included, records of interview, references and checks made with the Disclosure and Barring Service (criminal records check). We found however that some staff files did not contain all the necessary documentation in them but the registered manager was able to access this online and print it off. The registered manager told us the staff files did need some organisation to ensure they contained all the relevant records and checks. As part of the interview process potential new employees were invited for a visit to the home prior to or after the interview. This enabled the registered manager to observe the potential employee interacting with people and how people responded to them, which enabled people living in the home to be involved in the recruitment process.

We found the service to be clean and homely. We reviewed the cleaning record for communal areas but the registered manager was unable to locate the usual cleaning schedules showing which other areas of the home were kept clean and how often this was completed. Following our inspection the registered manager

located this information and has since shared this document with us. One relative told us "The home is clean and tidy; whenever we go it's clean and smart."

Requires Improvement

Is the service effective?

Our findings

At our last inspection in November 2016 the service was found to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were being deprived of their liberty without the appropriate legal authorisation in place. An action plan was provided by the home which stated they would address this without delay. At this inspection we found that the service still had areas to address, but enough improvements had been made to longer be in breach.

Where people lacked capacity to make decisions, a mental capacity assessment had been completed. The assessment recorded how the individual had been involved in trying to make the decision and how the information had been presented to them in order to support this.

We saw that one person had a capacity assessment in place for managing their own medicines. The registered manager explained a lot of work had gone into supporting this person to do this including taking photos of the person completing each step of the process in managing their medicines. This was so staff could be confident this person could do this independently and safely. The registered manager told us "We observed [X] taking medicines independently, went through the process and discussed it. We provided her with prompt cards and checked after. It gives [X] the opportunity to do this and they were happy to be able to do this". However the information in this person's care plan and mental capacity assessment did not explain if they understood the reasons why they take their medicine and what the impact was if they did not. Rather the person followed the process as part of their routine than having an actual understanding around why they did this. The registered manager confirmed if this person had to take medicine that was required at a different time to this routine the staff would have to administer it, which indicated further that this person did not understand the reasons behind taking their prescribed medicine. The registered manager informed us that this would be addressed.

We saw on one person's decision making tool that information recorded conflicted with their health and medicine plan. For example the decision making tool stated that staff were involved in supporting the person with the dispensing and administering of their medicines, whilst the health and medicine plan documented that 'Following a capacity assessment it has been agreed that [X] has the capacity to self-administer her medication.' We raised this with the registered manager to follow up and amend accordingly. We saw other examples of appropriate decision making recorded in support plans where it stated how a person liked information presented, how to present choice, when it's best to ask the person and when it was not a good time. Daily choices were recorded around food, clothes and activities and how the person is involved in expressing these choices. For more complex decisions it stated these would be made through the process of a best interests meeting with the person, their family, staff and appropriate health care professionals.

We saw one person's hospital passport recorded that '[X] doesn't have the capacity to make her own decisions and choices and her family are needed to give consent.' The registered manager informed us that there was not a Lasting Power of Attorney (LPA) in place for this person (LPA is a way of giving someone the legal authority to make decisions on your behalf if you lose mental capacity at some point in the future or if

you no longer want to make decisions for yourself). This meant that this person's family did not have the legal authority to consent on their behalf and the information recorded was incorrect. The registered manager told us this would be addressed. We saw that people's support plans did not show evidence that people had consented to live in the home and receive support. Where people may have been unable to consent to this, no mental capacity assessment had been completed. The registered manager told us this had not been gained at pre admission either and would ensure this was discussed with people and put in place.

We observed in practice staff were mindful to offer people's choices and promote their right to make decisions for themselves where able. Staff appeared to have a 'step back' approach where they encouraged people without taking over. Staff told us "Anything regarding the people we support is done in their interests, we can only advise, we have got pictorial choices for menus, we have a board up and people choose visually", "I would say that all of the ladies have capacity. [X] for example can indicate if she wants something. The first rule of mental capacity is to assume capacity" and "We use the information in the care plan to aid best interest decisions, using information from the doctors, health professionals and nutritionists. I use Makaton and different tools to help people in making decisions."

The registered manager had identified a number of people who they believed were being deprived of their liberty (DoLS). This included things such as needing 24 hour support outside of the home. We saw DoLS applications had been made to the relevant supervisory body, and the service was waiting for these to be approved.

Staff told us they were supported to undertake training relevant to their role but would like to have more training around communication. Staff comments included "I have completed fire hazard, Mental Capacity Act, emergency first aid and moving and handling", "Yesterday I did mental capacity and three weeks ago communication training. It taught us lots of things, not to assume if people have capacity or not, offer people lots of choices to work in their best interests." This staff member also told us they would like to have Makaton training as they currently relied upon an app they had purchased. Three of the four staff we spoke with told us they felt Makaton training would help them to better support one person in particular. The registered manager told us "I am trying to get more training for staff in specific areas such as autism."

We reviewed the training matrix online and saw that the majority of staff were up to date with their training, however there were some gaps. We observed that one person's training was outside the timeframe and needed refreshing but the registered manager explained this person had been on long term sick and was just returning. Some staff were due a safeguarding training refresher, but in the meantime the registered manager had completed a learning set and discussion on this at a recent team meeting. Manual handling had previously been completed but because there was no one with this identified need in the home, the provider had removed it as a requirement for this location. Staff now completed manual handling around weighted objects instead.

On joining the service new staff completed a 12 week induction programme which included mandatory training, an introduction and shadowing. During this time the new member of staff would work through an induction file to sign off areas when they were competent. The registered manager observed staff administering medicines and signed them off when they were competent. Staff then continued to receive annual observations of medicines to ensure their practice remained safe.

One to one meetings between staff and the registered manager to discuss individual performance and any concerns were recorded on a form called 'Shape your future'. We saw two of these in place, which gave the opportunity for staff to attend four supervisions throughout the year. We saw one staff member's

supervision had not been completed within this timeframe and another staff member's needed to be written up. Staff told us they felt supported with one staff commenting "I have had a couple of supervisions with the manager, I am happy to raise things." Another staff member told us they received regular one to one supervisions and also received "pointers" as well as being supervised by colleagues.

People were supported to have a meal of their choice by organised and attentive staff. One staff member said "If people don't like the menu choices we will make an alternative." We saw that fresh fruit was available for people to help themselves too and staff told us other snacks were readily available. A menu planner was in place, and staff explained that people living in the home all had a night once a week where they chose the menu choices. One staff said they tried to do a themed night when they cooked so people were encouraged to try new tastes. The menu choices were available in a pictorial format to support people in making their preferred choices. One staff told us "We used to do the menu choices for the week, now people choose in the morning, it is working well."

We saw that people were involved in preparing and cooking meals alongside staff and it was a sociable event with staff chatting and engaging people. We observed people being involved in laying the table and staff sat and ate a meal around the table with people. One staff told us "Three people make their own lunch and we support them with cooking hot meals but people are still involved. They are all capable of making their own drinks."

Records confirmed people had access to a GP, dentist and chiropodist and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. Visits to health and social care professionals were clearly recorded and evidenced progress or changes from previous visits, making it easier to track improvements or take further action where necessary. One person was being supported with their nutritional intake and with the person's consent staff were keeping a record of this person's weight to monitor any changes. This person's health plan showed the GP had been involved and a referral made to the dietician although they were not involved at this time.

Hospital passports were in place which recorded information on what was important to know about the person in case they needed to go into hospital and were unable to communicate this for themselves. The health action plans contained pictorial formats so people needing information in this way could be supported to understand the information recorded. We saw that photographs were in place of the health professionals that supported one person and staff team photos were also in several people's health files. However we saw these photos were of previous staff and management and had not been updated. The registered manager was aware of the need to update this.

At our last inspection the registered manager had informed us the home was going to be redecorated as there were areas of marked or chipped paintwork and in some bathrooms the sealant around toilets and sinks needed to be repaired. This was not currently having an adverse effect on people or making the building unsafe, but this had been discussed at the last inspection and nothing had taken place since this time. The registered manager told us "There was a change of contractors, I have been chasing this up and am waiting to hear, we are aware that this has been going on a while. All the communal areas are to be addressed." One staff member told us "We have been doing the garden up and got lights, ornaments and plants. We need to improve the decorating, make it more personalised." We saw that people's bedrooms continued to be personalised and decorated in the style they chose. One person told us "I have a nice room."

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. We observed people enjoying a laugh and a joke with staff and there was a relaxed atmosphere in the home. At one time people were discussing Halloween outfit ideas and the conversation was engaging and lively. During this one person was also having their nails painted by a member of staff. One staff member told us the best part of working for the service was "Putting the residents first, everything from what they like to do, eat, wear, it's person centred and relaxed, it's like being at home."

We saw that people were very comfortable and relaxed in the home environment and in the presence of staff. On arriving at the service we saw one person lying on the sofa enjoying a cup of coffee in their dressing gown before receiving support from staff to get ready for the day. This person told us "I'm happy here, staff help me get ready." Staff commented "If people want to sit with their feet up on the sofa they can, or walk about in their pyjamas they can, it's their home" and "The atmosphere has improved; there is a better environment, it used to feel institutionalised." One relative told us "Staff are caring; [X] is very happy and can't wait to get back home when we have been out. Staff are supportive, everyone loves [X], it's a very caring home, they look out for individual needs and plan for individual needs."

One person had recently celebrated their birthday and a member of staff had supported the person to go to Bournemouth for the day, whilst the rest of the house planned a surprise birthday party for their return. Staff spoke positively about this event and about how much this person had enjoyed their day. One staff member commented "I love working here. The best thing is the people; they are like my extended family." Relatives felt their loved one's experienced a good standard of care commenting "People are happy and get on well", "They have excellent staff, very caring, I couldn't fault them and I would speak my mind" and "Staff are caring. I think it's a good home and [X] is very happy, she's settled here and encouraged."

One person had left the service since our last inspection and moved to a more suitable setting as their needs had changed. The registered manager told us that their room was on the ground floor and this had first been offered to one person already in the home who had been living upstairs. The registered manager explained that as this person was getting older their mobility needs would be changing and by having a ground floor room this would ensure the person could continue to live at Hulse road. The service did not have a lift in place which would have meant the person would have had to move to another setting but now this would not be the case. This person's relative told us "They helped move [X] downstairs which has been great, the manager has been really proactive in moving that forward."

People's dignity was respected by staff and they spoke about how this was maintained during personal care support. Staff comments included "With [X] they have always been very independent, so we try to help maintain this and respect their privacy when offering help", "Doors are closed while people are in the bath. Most support is given in their own room. We pull the curtains or blinds. [X] will lock the door when they are having a shower" and "After a bath is run for [X], we allow time for her to enjoy and have a soak, we shut the door and let [X] know you are around if needed."

We observed staff taking a proactive approach in encouraging people to be independent and involving people in daily living activities within the home. Staff were mindful to be supportive whilst standing back to ensure people had the opportunity to do things for themselves. We saw one person hanging their washing up outside, another person helping to make a shopping list of items needed, helping to be involved in preparing meals and laying tables. Staff told us "We support people to wash their hair, choose their clothes, we encourage people to speak with their family regularly", "[X] has improved their independence in taking medicine. [X] was assessed for capacity and the medicines are checked each day and signed off. We can then quickly see if something has gone wrong" and "One person walks some places on their own, they put that they are going out on the 'in or out of the home' board by the front entrance and the day centre would ring if this person did not arrive."

The service was aware of the importance in respecting people's human rights and diversity. The registered manager explained "We give people the same opportunities for accessing the things they like. In the last year we have really focused on people's choices, we respect choice all the time, if they say no we continue to offer another day. We don't consider people as having a learning disability; we see them as who they are an individual."

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised and recorded information clearly on how to support people with their preferred daily living routines. One page profiles were in place which gave an insight into each person's needs and things they liked or disliked. Although care plans already recorded people's family networks and interests, staff had started to complete more detailed life histories for people and were in the process of reaching out to relatives for photos and information to support these. Staff told us that people had been involved in this project from the start and had all chosen their own folders to keep this information in. Reviews of people's needs were completed regularly or as their needs changed. All changes were then recorded in a separate folder for staff to read up on and be aware before they then went into the person's care plan.

We saw at times the support plans needed to develop the information recorded and ensure that it was consistent throughout. For example one person's care plan discussed the person's anxieties around health professionals and medical treatment. It stated the person had a new GP and a relationship needed to develop but not how this would be achieved. When we spoke with the registered manager or staff they were able to tell us more information around this and the plans to support this person including having health professionals visit in the person's own setting so they would be more relaxed. We spoke with the registered manager about the importance of recording this information and the registered manager told us they were working with staff to evidence more what people are doing commenting, "We work on outcomes all the time, but I know we need to evidence it though."

Some people living in the home had very limited verbal communication and conversed by means of sounds, body language or gestures. One person used Makaton to communicate (Makaton is a language programme using signs and symbols to help people to communicate). This person's support plan stated 'Understanding Makaton is essential for staff that support [X].' We saw that staff had attended communication training which had touched on Makaton and one staff member had completed a more in depth Makaton course and had worked with staff to teach them different signs. A book of Makaton signs was in place for staff to use to aid their communication with this person and one staff told us this person used Makaton but also their own version of it which staff had needed to learn.

We saw that information was recorded about people's preferred communication methods and how if they could not verbally express their feelings, how this was demonstrated so staff could support appropriately. We saw that although some content was in pictorial format in the support and health plans there were still areas that could be further developed, so people could have their information in an accessible format in line with their communication needs. The registered manager was aware of the improvements that the service needed to make in this area saying, "We do need to improve further on our communication, it's about trying to get staff to constantly think of ways to communicate and that's on-going. It's about creating communication opportunities."

Handover between staff at the start of each shift ensured that important information about people's needs was shared and acted upon where necessary. A communication book and handover sheet was in place

which staff signed to record that medicine had been administered, daily records completed and finances checked. Staff were kept up to date with any changes and one staff commented "The manager will tell us, you need to read this, this has been changed. When I came in the other day they gave me around three hours to sit down and read all the changes, as all care plans were updated."

People were supported to follow their interests and take part in social activities. On the first day of our inspection one person went off independently to a day centre and everyone else went into town with staff to go shopping and for a coffee. One person told us "I'm going shopping to buy another top. I am going to have a coffee when I am out." Although an activity planner was in place the registered manager told us "The activity planner is flexible, and changes from term to term. If we have opportunities to go out for the day we will go as it's beneficial to everyone." We observed staff offering people opportunities to engage in activities and in the afternoon one person relaxed reading a magazine they had purchased earlier, one person had their nails painted and another person enjoyed a game of darts with a staff member.

Activities that people could participate in included aqua fit, skittles, music class, karaoke and an adapted cycling class. One person told us "I go shopping a lot, I go to a tea party, music class, see my friend and on holiday to Cornwall." Staff told us "People have enough to do, sometimes people don't want to go out and we do things in house, [X] loves pampering and the foot spa and one person likes knitting" and "Once a week we try to get [X] out to various places. She loves to see the animals and likes to go and feed the ducks. After lunch, she collects the bread and gets excited. The ducks are just at the end of the garden, we throw the bread over the fence." This member of staff went on to say "Day trip pictures are printed out and put on the chart to show what activities there are for the week. We do try to make people happy, we do BBQ's in the summer, we try to take them out as much as possible. It is their money, if they want something, they should have it."

The registered manager and staff told us they had spent time enhancing the garden for people and people had enjoyed spending time outside. During our inspection the door to outside was open so people could freely access the garden. The registered manager told us "Three people have been on holiday this year. We have accessed new activities and people are out and about in the community a lot. We are trying to build these relationships in the community. One relative commented "[X] has had activities to do since this new manager has been there; the manager is brilliant at finding new things for her to do."

The service had received no complaints since our last inspection. Staff knew how to support people if they wanted to make a complaint and discussed if they had any concerns during monthly one to one key worker meetings (A key worker is a named member of staff that was responsible for ensuring people's care needs were met). One staff commented "Complaints are raised with the manager, we also potentially know if something is wrong by changes in how a person seems or behaves." The registered manager told us "If anything comes up with families we talk about it, it never goes to the formal complaint stage. We have good relationships and are in touch with them."

Requires Improvement

Is the service well-led?

Our findings

The registered manager had been in post since our last inspection and alongside Hulse Road, was also a service manager for a supported living service in Amesbury.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home, however the audit processes that supported this were not effective.

The registered manager used the provider's online quality assurance tool to record information including notifications, what support people have got, staffing and people's health needs. Any incidents and accidents that people had experienced were recorded on an accident form and logged on MENAC, an online reportable system. In addition a senior manager received these forms and a member of the quality team would also check them. Because of the small size of the home the registered manager monitored any concerns about people on an individual level rather than looking for trends across all the people supported as there were low numbers of incidents occurring. Any action needed would be then considered at that time and be specific to the individual. The registered manager told us "We review and reassess situations as they arise, we reflect on what we did and how to do it differently."

The registered manager had to record the date when they completed any audits in the home, for example medicines, infection control or health and safety audits. However there were no audit checklists in place that the registered manager followed or that could record what areas if any were found to need improvement. We asked the registered manager how they evidenced what they looked at and apart from inputting a date on the quality assurance tool they were unable to evidence that these checks had taken place. The registered manager agreed that this needed to be implemented and informed us they would look into devising an audit tool to capture this information.

Some relatives spoke about the need for the service to communicate better with them about their loved one's commenting "Communication could be better, what people are doing, how they are, haven't been impressed with that lack of feedback and it's been a long term thing. We did have a yearly survey but things were not actioned or changed as a result" and "Communication has been limited, with staff changes, most contact has been with the manager and she's great, very responsive. Communication has improved with this manager." The registered manager was aware that communication with relatives was an area that needed to be developed and the service had held a 'Reflection day' in August for people, their relatives and friends to visit and see what people had been involved in. The service had put on a BBQ and created photo boards of people enjoying different activities and written about their achievements and interests for families and friends to view. The registered manager further explained they were planning in December to hold peoples reviews of care and support and invite families and friends if the person wished for them to be involved in this process.

The service promoted a positive culture that was person-centred and people, their relatives and staff spoke warmly about the registered manager and her leadership style. One person told us "The manager is about, I talk to her often, she helped me book my holiday." Relatives commented "She's better than some, she is

caring and good with staff", "The manager has been brilliant, they try hard to support people. They encouraged [X], they don't give up. They are doing a brilliant job and I'm very impressed with staff and the manager. People are happy" and "I'm very pleased the manager is there." One staff told us "I have seen a change since I have been back and it's down to the manager, she's fantastic and staff work well as a team." Another staff commented "The manager is amazing, the best manager we have had, she's approachable, she listens, she cares about people and staff."

Staff had the opportunity to attend regular team meetings and were kept informed of events affecting the service and able to raise any concerns they had. Staff told us they felt well supported by the registered manager commenting "There is a monthly team meeting and one to one's every few months. If you want to talk to the manager you can, any time", "I would talk to the manager. I would feel totally comfortable to speak to my manager" and "When I first started there was no manager. Within ten weeks [X] (registered manager) came in and a lot has gone, she has changed a lot of things. [X] is very approachable, easy to talk with, I go straight to her."

At the last inspection we found that one notification involving the police had not been reported to The Commission. At this inspection the registered manager demonstrated an awareness of what was reportable and no further missed notifications were identified. The registered manager told us she felt supported by senior management commenting "I have been able to complete investigation training, I meet with my manager monthly and I am very well supported, I have a good network."