L & S CARE HOMES LTD

L and S Care Homes Limited - 3 York Terrace

Inspection report

3 York Terrace
Birchington
Kent
CT7 9AZ

Tel: 01843843486

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
L and S Care Homes Limited - 3 York Terrace is a residential home providing personal care for up to three people. At the time of the inspection there were three people living at the service. People living at 3 York Terrace were younger adults with learning disabilities, who had lived at the home for several years.

3 York Terrace is a terraced house in a residential area and is split across three floors. Two bedrooms, a bathroom and an office were on the first floor whilst the ground floor had communal areas including a kitchen. There was a self-contained flat in the basement which opened out onto a small rear garden.

The service had 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 that 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 the service and what we found
People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service had not always supported best practice. People required one to one support and were not able to leave the home alone so when out were under constant supervision. If people cannot consent to constant supervision a Deprivation of Liberty Safeguard application may be required. The registered manager had not considered that people may need a Deprivation of Liberty Safeguard authorisation. New staff went through an induction period. People's nutritional and hydration needs were met and people received support from health and social care professionals.

The registered manager told us that no staff training had taken place for the past 18 months. This was confirmed by staff. We were shown a supervision policy document that recorded that supervision meetings should take place every two months. No supervision meetings had taken place during the ten months prior to this inspection. Nevertheless, staff and professionals spoke well of the registered manager and people interacted with her in a positive way. Audit processes were in place. Feedback was sought from staff through handover meetings.

People were not able to tell us directly they felt safe however we observed staff interacting with people and we spoke to staff about their understanding of safety issues. Staff understood safeguarding and were aware of the whistleblowing policy. Maintenance checks were up to date and people received medicines safely. Risk assessments were individualised and up to date. Staff were recruited safely and there were enough staff working each shift to ensure people's care and support needs were met.

Staff were caring and people's privacy, dignity and independence were respected and promoted. People were encouraged to be involved in their care plan reviews and to contribute where possible. People's differences under the Equalities Act 2000 were considered as part of care planning and respected.

People were supported in a person-centred way which focussed on peoples' needs. Relatives told us they were involved in care planning and reviews. People had a programme of activities both inside and outside of the home which they were supported with. Routine was very important to people and this was understood by staff. Links to the local community had been established and a robust complaints policy was in place.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and the potential drivers for improvement.

As part of this thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. The home did not use any restraint measures.

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 30 June 2017).

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?

Requires Improvement

The service was not always 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.

L and S Care Homes Limited - 3 York Terrace

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
L and S Care Homes Limited – 3 York Terrace is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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
We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at the home to speak with us.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider sent us a provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
People had complex communication and support needs. We spoke with and observed three people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who found it difficult to talk to us. We spoke with four members of staff including the registered manager, a senior support worker and two support workers.

We reviewed a range of records including two care plans and medication records. We looked at three staff files in relation to recruitment and supervision and a variety of records relating to the management of the service. For example, policies, procedures and audit processes. We pathway tracked two people. This is where we check that the records for people match the support they received from the service.

After the inspection
We continued to seek clarification from the registered manager to validate the evidence we found. We spoke to two relatives, a neighbour and two professionals who regularly visit the service.

Good

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
● Staff understood people's care and support needs and knew how to deal with risks. We saw that people were happy at the home and in the company of staff. People smiled and interacted with staff using body language and facial expressions. Safeguards were in place to protect people from harm. A relative told us, "What they do for (service user) is very good. He is safe there." A professional said, "I've seen that they hold hands when they are out, it all seems very safe."
● Staff had received safeguarding training and they were able to describe to us situations that would have amounted to safeguarding and what action they would take. A staff member said, "I'd write everything down and tell the manager." Another staff member told us, "I'd speak to the manager about safeguarding but would take it higher if they were involved. We have a concerns form we can use. I could report to the local authority or CQC."
● Staff knew about the whistleblowing policy and told us they would not hesitate to inform the relevant authorities if needed. Whistleblowing is a way of notifying the authorities if an employee feels that the organisation is doing something illegal or immoral.

Assessing risk, safety monitoring and management
● Risks were identified that related to individuals. Risk assessments had been completed and were reviewed every six months or sooner if a specific incident occurred. These documents were found in each 'service user plan' and each had been signed by members of staff, confirming they had read the documents and any updates. For example, we saw staff with people outside in accordance with their road safety risk assessment.
● Staff knew people well and were able to tell us about risks and how they protected people. A staff member told us that a person could become upset if their daily routine was interrupted. They were able to tell us what steps they would take to distract and calm the person, for example by offering alternatives and speaking in a quiet voice. This information was included in a risk assessment in the person's care plan.
● We saw evidence of people being involved in the reviews of their risk assessments. People had signed documents or made a mark to indicate that risks had been discussed with them. A relative told us, "We all sit down together and go through things."
● Care plans contained details of what was known about people's history and how this has contributed to shaping their character and their current care and support needs. A relative told us that their relative became anxious when walking past a certain kind of high street establishment. Staff were aware of this and avoided these places by walking on the opposite side of the street or by avoiding some streets altogether.
● People always carried identification badges with them when outside of the home. Everyone had a road safety risk assessment and staff knew the risks for individuals in accessing the community.

● The registered manager kept maintenance documents relating to electric, gas and plumbing checks that had been carried out. Fire safety checks had been carried out and staff told us that evacuation procedures had been recently practiced. Personal emergency evacuation plans (PEEPs) were not in place but staff knew people's needs well and what steps to take to support people in an emergency. The registered manager told us that she would write PEEPs for people to make this process clear to everyone.

Staffing and recruitment

● We looked at three staff files and saw that staff had been recruited safely. Relevant checks had been carried out before staff started working at the service. These checks included references, employment history and Disclosure and Baring Service (DBS) checks. DBS checks ensure that staff have no previous convictions or cautions that would prevent them from being employed at the home.

● People living at the home always required one to one support during the day when at the home or when out on visits or activities. We were shown staff rotas which confirmed a minimum of three staff members on duty throughout the day and two at night. Any gaps to cover staff sickness or leave were covered by the registered manager or the provider. Staff ate with people and short breaks were covered by the registered manager or other staff members when safe.

● The assistant manager's position was currently vacant and the provider was actively looking to recruit a person into that role.

Using medicines safely

● Very few medicines were being used at the home at the time of the inspection. Procedures were in place for the safe ordering, storage, dispensing and disposal of medicines. We were shown medicine administration records (MAR) and all had been completed correctly showing the date, time and amount of medicine given and the signature of the staff member administering it.

● MAR charts were checked by the registered manager for accuracy regularly. No medicine errors had been detected. Reviews of medicines were done in accordance with the 'STOMP' campaign, (stopping the over medication of people with a learning disability, autism or both.)

● Separate protocols were in place for 'as required' medicines, known as PRN, and a separate MAR chart was used to record these. PRN medicines are those taken only when needed. No one was in receipt of controlled medicines at the time of the inspection.

● Staff had received training in medicine administration. A staff member said, "We are not giving much at the moment. I always record things on the MAR, if I'm ever in doubt I'd ask."

● People were not always able to tell staff when they were feeling unwell. Staff spent a lot of time one to one with people and were able to tell if a person was feeling unwell. One staff member said, "I can always tell if they're not well. The first sign is usually being off their food." The registered manager told us, "Staff spend between six and nine hours with people. They get to know them very well."

● People rarely refused their medicines and if they did staff knew to try again after a little while and explain to people that medicine would make them feel well.

Preventing and controlling infection

● Staff had received training in infection control and hygiene and personal protection equipment (PPE), for example, gloves and aprons, were available if required. The home was clean and tidy throughout.

● Personal care and hygiene were recorded as part of people's care plans and risk assessments were in place as people's needs varied. One person became agitated during personal care but did require support. Staff knew to be thorough and quick and to talk to the person reassuring them throughout.

● There were regular cleaning schedules and checks carried out on water temperatures. Regular water testing minimised the risk of legionella's disease. People were supported to help with cleaning and laundry tasks.

Learning lessons when things go wrong

● Accidents and incidents were recorded and outcomes assessed. Outcomes were recorded and reviewed with staff and professionals if appropriate. For example, a person had a fall. The GP attended and the physical cause of the fall was addressed. The home is small and staff spoke with each other every day and updates and important messages were passed on immediately.

● Care plans were updated with outcomes from accidents and incidents and where necessary risk assessments were reviewed.

● Care plans contained behaviour observation charts that were reviewed monthly. These charts highlighted changing behavioural patterns. For example, periods of agitation and any new triggers that would make a person agitated. Staff responses were documented for future reference.

Requires Improvement

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 now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

- People's capacity to make decisions had not always been considered in line with the MCA and as part of good care planning. One person was resistant to personal care and became agitated when personal care was attempted. Their capacity to understand the support needed and consequences of refusing this support had not been assessed. Staff told us that they would step back when personal care was refused and would approach the person again after a few minutes. Staff said they would always ensure the person had received personal care even if they had been resistant by using techniques like giving the person time and going back later.
- The registered manager told us she had applied for a DoLS for one person. Everyone at the home was subject to constant supervision, which is a restriction on their liberty. People can only be deprived of their liberty or be constantly supervised (if they lack the capacity to agree to this) with the appropriate legal authority, a Deprivation of Liberty Safeguard. The registered manager had not considered this and had not taken advice about or applied for any DoLS authorisations.
- The registered manager told us that she assumed capacity in all areas. People had some restrictions to their lives, such as staff support whenever they left the home and staff managing their medicines. The reasons for this and people's consent to and understanding of these restrictions had not been explored and documented.

We recommend the provider follows current guidance on MCA and DoLS and take action to update their practice accordingly.

● Most staff had received Mental Capacity Act training
● Staff were aware of the importance of obtaining consent from people. A staff member said, "(service user) can't talk. I look at body language when I tell him what is happening." Another staff member told us, "I give a five-minute warning to people rather than surprise them, I always get consent."
● People were encouraged to make simple daily choices relating to what they would like to eat or wear. People could indicate when they would like to receive personal care and whether for example, they would prefer to shower or bathe.
● Most staff members had completed deprivation of liberty safeguards (DoLS) training
● Staff understood the importance of confidentiality. Documents containing personal information about people and staff were kept in a locked cabinet. Hand over meetings where people were discussed took place in private. A staff member said, "We use the kitchen for meetings or sometimes will step outside." Another staff member told us, "They are kept away from private conversations about people."

Staff support: induction, training, skills and experience
● The registered manager told us that there had been no training for staff for the past 18 months. This was in part due to the assistant manager leaving the service. This was confirmed by staff. A staff member told us, "I've done training in the past but nothing recently." Another staff member said, "I've done no training since my induction finished." The registered manager had acknowledged this issue and had identified training that each staff member would be doing in the next few months.
● A member of staff who had worked at the home for the past five months told us that they followed an induction process and received practical training alongside experienced members of staff in the form of shadowing. No evidence was seen of any formal staff training in the past 18 months. The registered manager had identified training needs and compiled a list but this had not been actioned at the time of the inspection.
● Following induction staff should receive regular supervision meetings with supervisors. We were shown a supervision policy document that stated that supervision meetings should last for about an hour and take place every two months. We were shown a supervision matrix for 2018 which showed that this policy had been complied with then however there had been no documented supervision meetings for the past ten months.
● In respect of supervision meetings an experienced staff member told us, "I've had one or two." Another staff member said, "I have them regularly, about every six months I think." The service was small however and staff were able to speak to the registered manager each day if needed.
● Most of the staff at the home had several years' experience of working in care and specifically at L and S care. Staff had completed training in behaviour that challenges.
● Staff told us that their induction when they first joined the home included familiarisation with policies and procedures and opportunities to shadow more experienced staff members. A staff member said, "It lasted about two weeks." Staff told us that they felt confident in looking after people with the level of training they had received.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had lived at the home for several years. The registered manager carried out a pre-assessment with people, professionals and relatives and advocates prior to a person moving in. This assessment considered their care and support needs and went on to form the first part of the care plan. The registered manager told us that she visited people several times to see them in different environments and that she made sure that

people would fit in with others already living at the home.
● Care and support was in line with current legislation and guidance. Care plans had a section called, 'needs details.' This section along with risk assessments was reviewed every six months or more frequently if a person's needs changed. A professional told us, "They have individualised care plans. People can be challenging but staff deal with it well."

Supporting people to eat and drink enough to maintain a balanced diet
● The home offered an eight-week rotational menu with choices being offered to people each day. Snacks and drinks were available throughout the day and people were able to help themselves. The menu was varied and people's nutritional and hydration needs were met.
● Care plans had a section giving detail of people's individual dietary needs and their likes and dislikes. Nutritional risk assessments had been completed and people were weighed regularly to monitor any unexpected gain or loss of weight.
● People helped to bring shopping in to the kitchen and one person had developed an interest in cooking and was supported to help with some meal preparation.
● We heard people laughing and enjoying the experience at mealtimes. Staff were heard talking to and supporting people in a friendly way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Care plans contained details of professional appointments, for example visits to GPs, chiropodists and dentists. Staff supported people and accompanied them to appointments. If a person required a visit to hospital the home provided staff to go with them and remain with them throughout their stay. Care plans contained a section called, 'health action plan.' This provided details of people's care and support needs and how these may have developed over time. For example, a person who had been gaining weight had their diet reviewed and was encouraged to exercise.
● The registered manager had a good relationship with professionals involved with people living at the home. Strong links had been forged over time with GPs and the learning disability team from the local authority. A professional told us, "I've never had any issues with home."

Adapting service, design, decoration to meet people's needs
● The home was a terraced house in a residential area. Split over three levels, the upper level contained two bedrooms and a bathroom and the ground floor had communal rooms and a kitchen. One person lived in a self-contained basement flat. A small garden area at the rear of the premises could be used by people.
● We were shown a person's bedroom and the self-contained flat. Each was personalised and contained pictures and personal effects belonging to the person.
● We saw people happily moving around the home supported by staff. Most people were not able to verbally communicate with us but they all appeared happy in the home and were able to access different rooms when they wanted to.

Good

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
● A person told us that they were happy and that staff were kind. Other people could not verbally communicate with us but we observed positive interactions between people and staff. A relative told us, "I have no complaints. They (relative) are always happy, the staff are very supportive."
● Staff provided one to one support for people all the time. We saw staff sitting with people and communicating with them either verbally of using Makaton. Makaton is a non-verbal means of communication using signs and symbols. They asked people what they would like to do and talked about going out later in the day. The atmosphere was friendly and supportive and people were seen to respond to staff positively. We overheard a nice conversation where a staff member was helping someone put a coat on, both were laughing and joking.
● The registered manager knew people well and was seen interacting with people throughout the day.
● Staff had a good understanding of equality and diversity. A person living at the home had recently started to wear something new. This was respected by staff and they could express their wishes how they pleased. A staff member said, "(Person), expresses their views and they are supported."
● Despite people receiving one to one support throughout the day people were still able to spend some time alone in the safety of their bedrooms if they wanted to.
● Care plans reflected that people's protected characteristics under the Equalities Act 2000 were discussed and documented. For example, people were asked about religious choices. One person had previously attended a church service each week but had made the decision that he no longer wanted to attend. People were able to attend an 'emotions group', which discussed sex education and behaviours.

Supporting people to express their views and be involved in making decisions about their care
● People, supported by relatives, staff and professionals, were involved in their own care planning and review meetings. People were encouraged to communicate their likes and dislikes and were supported to make choices about the care and support they received. A relative told us, "We sit down together and run through everything."

Respecting and promoting people's privacy, dignity and independence
● People's privacy, dignity and independence were respected and promoted by staff. A staff member said, "They can have private time and can keep their bedroom doors shut. I am aware of anything that might make them vulnerable, their interests must come first."
● Privacy was maintained during personal care. A staff member said, "(Person) likes to get changed on their

own. I stay nearby and can step in if needed but I try to leave them alone." Another staff member told us, "(Person) doesn't like to be washed. I close the door for them but do still need to make sure they have a wash."

● Staff understood the importance of maintaining people's dignity. A care plan described how a person needed support in the community to use rest room facilities. This was carefully managed by staff to allow the person privacy whilst maintaining their confidence by staff being nearby if needed. Another person following a health check had been recommended that they regularly check their own body for anything unusual. Staff supported the person to carry out this check in private.

● People were encouraged and supported to be as independent as possible. For example, most people could wash and dress each day without help. Staff were present to prompt and support when required. A staff member said, "We use Makaton to encourage people to be independent but we're always there to support if needed."

● People were encouraged when at home to make themselves drinks and snacks between meals. One person was involved in helping to cook some meals. People were supported to help with tasks around the home for example, clearing the table after meals and keeping their bedrooms clean.

● People went out most days and were similarly supported by staff in the community.

Good

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

- The home is relatively small and staff knew people well. No keyworker process was in place and staff told us, "Everyone looks after everyone," and, "It varies who we are assigned to but they all know us well." Care plans were person centred. People's routines, preferences, care and support needs were documented and were complimented by bespoke risk assessments.
- Care plans had a section about making choices. Examples were seen of what people liked to do and how they were supported with this. For example, a person enjoyed helping to bring the grocery shopping into the home but sometimes became frustrated if the bags were heavy. They were supported by staff to ensure they could manage to carry the bags.
- The registered manager explained that she was passionate above providing good quality care for people and about making the home a home for life. She referred to the home as people's 'forever home' and their 'family home.'

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.

- We observed staff and people communicating using Makaton and simple questions and answers being exchanged. Interactions we saw were positive and people were able to communicate their needs. People appeared happy in conversation with staff, including the registered manager.
- Some visual aids were used, for example, pictures of different food and other items which helped people get ready for going on shopping trips. Care plans contained pictures alongside text to help people at review meetings. .
- People's care plans contained details of their communication needs and the support people required either within the home or when in the community. Staff knew people well and were able to identify emotions people were experiencing by their physical expressions. For example, a person would squeeze a staff members hand if they were asked to do something they were uncomfortable with.
- We saw in one care plan concerns that had been raised about a person not engaging with staff. The registered manager called in the speech and language therapist to help and using a series of flash cards and Makaton, they were able to begin to re-establish communication with the 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

● We saw people being offered activities at the home. People were beings supported to play games, complete puzzles or were able just to sit and watch television if they chose. A staff member told us, "(Service user), is very strict about his routine which revolves around his favourite television programmes. We arrange outside activities around this." The registered manager confirmed that routine was very important to people and they could become agitated if something unusual occurred.

● We saw people getting ready to go out for a walk to the seafront. Staff helped them chose appropriate coats to wear and people were smiling and appeared happy to be going out. The registered manager told us that people went out every day and that they were accepted and welcomed in the local community. People had individual activity plans and goals and targets were documented.

● A staff member told us, "We tend to go out in the mornings and may go for a walk, go swimming, bowling or shopping. In the afternoons we do activities at the home likes games and puzzles." Everyone had their own weekly activity schedule.

● People were able to choose what they wanted to do at the home and if they wanted to spend some time in their bedrooms then staff facilitated and supported this.

● Some people were visited by relatives. Other people had visits from local authority support workers and advocates. A professional told us, "What they do is very good, there are always things for them to do."

Improving care quality in response to complaints or concerns

● The home had a complaints policy that outlined a clear process of investigating issues raised. The policy was available to people in pictorial form and people were shown the policy regularly. Relatives and advocates were aware of the policy. A relative said, "I've never had to complain but I would speak to the manager or provider if I needed to."

● We were shown a complaints book. The last complaint was made in 2016. Minor issues were dealt with and recorded on people's daily notes. The registered manager told us that she checked the complaints book for audit purposes every month.

End of life care and support

● People living at the home were younger men, none of whom were in receipt of end of life care. End of life care had not been discussed with people although the registered manager did acknowledge the importance of the issue. The registered manager told us they would review and discuss end of life care and consider the need for staff training/awareness.

Good

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

- Systems were in place for auditing the quality of the service. Monthly audits had been carried out for medicines, accidents and incidents, expenses, menus and behavioural observation charts.
- The registered manager promoted a positive culture at the home. All staff were friendly, approachable and took time to talk and listen to people and then respond to their needs. People responded to staff in a positive way by smiling and sometimes holding hands.
- Staff were kept informed about any changes in care and support needs for people through daily handover meetings and through daily contact with the registered manager and provider. The service was small and staff spoke and interacted with each other many times during any given shift. Staff understood their roles and responsibilities.
- The registered manager had worked at the service for over 18 years, 15 as manager. It was clear that people knew her well.

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

- It was clear that the registered manager knew people well and we observed several positive interactions with people throughout the inspection. She spoke clearly to people and used Makaton to help people understand. The registered manager and staff all displayed a positive attitude towards people, they were friendly and approachable.
- We spoke to relatives and they were complimentary about the registered manager. A relative said, "It's a good home, it's well run. The manager knows who I am and knows the needs of my (relative.)" Another relative said, "They always answer my questions." Similarly, professionals spoke highly of the registered manager, one told us, "It's a challenging job but she deals with it well."
- Staff spoke well of the registered manager. A staff member said, "She's approachable, I have no concerns." Another told us, "They are both really good. I can always speak to them if I have any problems. They are very supportive."
- A professional told us, "I have every confidence in how the service is run."
- The home was small and consequently staff interacted with each other and the management every day. Information was passed informally between staff as well as at shift handovers.

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 honest and open with us throughout the inspection and was aware of her responsibilities under the duty of candour. Registered managers are legally required to inform CQC of significant events that happen at their homes. This had been complied with. The previous CQC rating for the home was on display in a communal area of the home.

● Staff told us that had confidence in the management of the service and that they were approachable and listened when they raised concerns. A staff member said, "We don't have staff meetings but we can approach the managers whenever we need to."

● Relatives told us that they were kept up to date with what was happening at the home. A relative said, "I'm kept informed and they ask my opinion." A professional said, "I've every confidence in the management at the service."

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

● The registered manager explained that she sought feedback from people, staff, relatives and advocates through regular conversations and engagement. No feedback had been sought from professionals and this was an area that the registered manager was looking into.

● Staff were frequently asked their views but this was done informally rather than through meetings or supervision meetings. Handover forms contained a 'shortfalls' section and there was a 'concerns form' that staff could complete for the attention of the registered manager.

● Because the service was small very few compliments had been received and recorded. We were shown a few e-mails thanking the registered manager and her staff for their support. We spoke with a neighbour to the home who was very complimentary about the home, the staff and the people living there. They said, "They are perfect neighbours. Everyone says hello, they are like one big family."

● People's equality characteristics were reflected in care plans. For example, people were asked about their faith and if they wanted to practice a religion. Relatives and advocates were involved in these discussions.

Continuous learning and improving care

● The registered manager told us that she and the provider regularly attended forums run by the local authority and attended meetings held specifically for registered managers. Information was cascaded down to staff as required. Similarly, the registered manager monitored local authority and CQC websites for regular updates.

● The registered manager was in regular contact with the county learning disability team and the local medical centre. Best practice and latest developments were passed on to the registered manager which were then put into practice.

Working in partnership with others

● The home had developed a positive relationship with the local community, including neighbours and local shops and services. People at the home went out for walks or to attend activities in the local area most days and were known well in the local community.

● The registered manager had developed strong links with other professionals and local services. These included the local GP, dentists and the local leisure centre. Relatives, advocates and neighbours were all invited to the home to celebrate birthdays and festivals throughout the year.