Parkcare Homes (No.2) Limited

Roseneath Avenue

Inspection report

15 Roseneath Avenue
Winchmore Hill
London
N21 3NE

Tel: 02082922715
Website: www.craegmoor.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 4 and 8 October 2018 and was unannounced.

At our last inspection on 27 June 2017 the service was rated 'Requires Improvement'. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 which related to some staff being unable to explain what safeguarding meant and how to report any concerns appropriately, understanding the purpose of people's behaviour support plans and staff being unaware of some people's personal risks. We also found a breach of regulation 18 around staff not always receiving the training they needed to provide effective support and understand people's specific conditions. Some staff were also unbale to explain how the principles of the Mental Capacity Act (MCA) impacted on the people that they worked with.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well-led to at least good. At this inspection we found that the provider had used the action plan to address these breaches. All staff had been re-trained in safeguarding, MCA and how to effectively use people's behaviour support plans.

The problems found at the last inspection had been addressed and we found no further breaches at this inspection. The home is now rated 'Good'.

Roseneath Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to accommodate six people in self-contained flats. Each person has a large flat within the home consisting of a bedroom, living and kitchen area and a bathroom and contained everything the person needed to live independently. Since the last inspection the home had refurbished four of the self-contained flats to a high standard. The home also had a back garden that people had access to. At the time of the inspection, four people were living at Roseneath Avenue.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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.

People had person centred risk assessments that provided staff with detailed guidance on how to minimise known risks in the least restrictive way. Staff were able to explain people's personal risks.

Behaviour that challenged was recognised and there were strategies in place tailored to each person. Staff understood how to work with people effectively to keep them safe and maintain their well-being.

Medicines were managed safely and people received their medicines on time. Staff had received training in medicines and how to administer them safely.

The home had a good understanding of infection control and staff used personal protective equipment to ensure safe care.

Staff received regular supervision, appraisal and training to support them in the role. Staff also received specialist training in working with people living with a learning disability.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to eat healthily and the home supported people where they needed help with weight management.

People were observed to be settled and at ease with the staff supporting them. We observed friendly and kind interactions between people and staff throughout the inspection.

Relatives told us that they were able to visit whenever they wanted and were always welcomed at the home.

People, where possible, and relatives were involved in planning their care.

Care plans were detailed and provided enough information for staff to support people. Care plans were regularly reviewed and updated immediately if changes occurred.

The home recognised that stimulation and enjoyment were essential to people's wellbeing. People were supported and encouraged to access the community and stay in contact with relatives and friends.

There was a complaints process in place and people and relatives knew how to make a complaint. Complaints were investigated and followed up.

Staff and relatives were positive about how the home was managed and how information was shared with them.

Audits were carried out across the service on a regular basis that looked at things like, medicines management, health and safety and the quality of care. Where issues or concerns were identified, the manager used this as an opportunity for change to improve care for people.

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. Risk assessments were detailed and provided guidance for staff on how to minimise people's personal risks.

People received their medicines safely and on time.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

There were sufficient staff to ensure people's needs were met.

Staff were recruited safely.

The home worked well with people whose behaviour challenged.

Is the service effective?

Good

The service was effective. Staff had on-going training to effectively carry out their role.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received regular supervision and appraisals. People were supported by staff who reviewed their working practices.

Peoples healthcare needs were monitored and referrals made when necessary to ensure wellbeing.

People were supported to have enough to eat and drink so that their dietary needs were met. People were encouraged to eat healthily.

Is the service caring?

Good

The service was caring. There were warm and positive interactions between people and staff.

People were treated with dignity and respect in a way that was meaningful to them.

People were actively encouraged to maintain contact with family and friends.

People were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive. There were detailed person-centred care plans that reflected people's needs.

People had individual activity plans that reflected their interests.

People's communication abilities were taken in to account and information was provided in various ways to aid understanding.

There was a complaints procedure in place. Relatives were aware of how to make a complaint.

Is the service well-led?

Good

The service was well led. There was good staff morale and guidance from management.

The home had a positive open culture that encouraged learning.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

There were systems in place to ensure learning and sharing of best practice which all staff were involved in.

Roseneath Avenue

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 4 and 8 October 2018. We conducted a visit to the home on 4 October 2018 and contacted staff and relatives on 8 October 2018. The inspection was carried out by one adult social care inspector and a CQC nurse specialist advisor in learning difficulties.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We also looked at safeguarding notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four staff including the registered manager, a senior care worker and two care workers. We also spoke to two people that were living at the home. We looked at four people's care records and risk assessments, four people's medicines records, six staff files, and other paperwork related to the management of the service including staff training, quality assurance and rota systems. Following the on-site inspection, we spoke with seven staff and six relatives and friends of four people living at Roseneath Avenue.

Good

Is the service safe?

Our findings

Relatives that we spoke with told us that they felt their loved one was safe living at Roseneath Avenue. Comments included, "[Person] is safe, happy and content", "[Person] is safe there. He can go into a proper rage and they can deal with it. If I didn't think [person] was safe I wouldn't leave him there. He doesn't seem nervous around the staff" and "She's safe and happy because it's where she knows."

At our last inspection we found one person's risk assessment failed to provide staff with guidance on how to minimise the known risk and staff were unable to explain how they would manage the risk. At this inspection we found that this issue had been addressed. All staff that we spoke with were able to explain people's individual risks in detail and how they would manage specific risks.

Risk assessments were detailed and person centred and provided clear guidance for staff on how to work effectively with people's individual known risks. Personalised risk assessments were seen for behaviours that challenged, going out into the community, cooking, diabetes and various health conditions that had an associated risk. For one person that had a specific condition that meant that their food intake needed to be controlled, we saw that there was a detailed risk assessment in place. We observed that the person's fridge was kept locked. We spoke with the person who said that they knew why their fridge was locked and told us it was, "To keep me safe."

At our last inspection, not all staff that we spoke with were able to explain what was meant by 'safeguarding' and how to report it if they thought people may be at risk of harm. At this inspection we found that this had been addressed. All staff members that we spoke with were able to explain how they would keep people safe and understood how to report any concerns where they felt people were at risk of harm. Staff were able to explain different types of abuse and how to recognise it. Since the last inspection all staff had been re-trained in safeguarding. We also saw that safeguarding was discussed at each staff meeting. The registered manager had completed a six day 'designated safeguarding officer' training programme and had also completed a 'train the trainer' qualification in safeguarding. This meant that they were able to provide training and up to date knowledge for the staff at the home. Staff comments included, "I need to be aware of signs of abuse. It could be anyone, staff visitors and so on. I need to speak out and take immediate action to protect the person. We have a safeguarding officer which is [the registered manager]" and "It [safeguarding] is the protection of vulnerable adults from abuse and harm. I would report it to the safeguarding officer or the local authority."

Medicines were safely managed and the home used the blister pack system provided by the local pharmacy. A blister pack provides people's medicines in a pre-packed plastic pod for each time medicine is required. There was a centralised stock cabinet and each person also had a locked cabinet in their flat that contained their medicines. Records showed that all staff that administered medicines had completed medicines management training and competency assessments. There were appropriate arrangements in place for recording the administration of medicines and Medicines Administration Records (MARs) were clear and fully completed. There were systems in place for the safe disposal of medicines.

Each person had a medicines folder that included the MARs and information relating to the person's medicine needs. Where medicines were prescribed to be given 'as required' (PRN), or where they were to be used only under specific circumstances, there were protocols in place which were tailored to the individual. As required medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious or require pain relief. However, PRN protocols did not always state what staff should do to alleviate the presenting issue before the medicine was administered. We also found that there were old PRN protocols in people's medicines files which created a risk of staff not using up-to-date information. Whilst information was available it was not always easily accessible for staff. We spoke with the registered manager about this. The registered manager told us, and we saw, that guidance on what to do, such as de-escalation techniques, was in a different part of people's care files. The registered manager told us that information would be collated and put on one form to ensure ease of understanding. Following the inspection, the registered manager sent us seven updated PRN protocols. These were detailed and explained what staff should do prior to administering a person's PRN.

One person used a medicine to control their diabetes that required it to be administered via an injection pen. We saw that the medicine was stored appropriately in a fridge and temperatures checked and recorded daily to ensure that the medicine was kept in optimum conditions. Staff had received training on how to check the person's blood sugars and how to prepare the injection pen to administer the correct dose of medicine for the person. The person was supported by staff to self-administer their medicine and this was documented in their care plan.

Staffing within the home was determined by peoples care needs. Each person had either 24-hour one to one or two to one care, including staff that were awake throughout the night. The registered manager told us that where necessary extra staff could be put in duty. For example, in case people had external appointments. We saw that staffing levels were appropriate and people's needs were being met.

The service followed safe recruitment practices. Staff files showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role. However, we found that some staff that had been employed did not always have a full employment history noted on their application form. Following the inspection, we were sent an email dated prior to the inspection showing that the organisation was aware of this issue and highlighting that a full employment history should always be documented and was a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff had access to Personal Protective Equipment (PPE) such as gloves and aprons for carrying out personal care. Each person had three separate colour coded mopes and buckets for their flats. This included for bathrooms, kitchen and lounge areas to prevent cross infection. Where people used incontinence pads we saw that there was appropriate disposal of clinical waste systems in place. Staff had completed infection control training and were aware of how to protect people from the risk of infection.

The organisation had a specialist Positive Behaviour Practitioner (PBP) who worked with the home to produce Positive Behaviour Support plans (PBS) for people where required. This took into account each person's specific behaviours and provided staff with pro-active strategies to help recognise triggers and ways of working with people that displayed behaviour that challenged. At our last inspection we found that not all staff were able to explain people's PBS and how it related to their everyday practice. At this inspection we found that all staff that we spoke with were able to explain people's PBS and how they were used to understand and de-escalate behaviours. We saw that the PBP regularly reviewed any incidents and the support plan was updated accordingly. Staff had been trained in appropriate physical intervention in

case the person was at risk of harming themselves or others. We saw that since the last inspection, incidents requiring physical intervention had decreased. The registered manager told us that the staff knew people well and used de-escalation techniques to manage behaviours that challenged and that physical intervention was used as a last resort. We also found that the use of PRN medicines, used when people became anxious, had also significantly decreased. The registered manager told us, and we saw, that competency assessments were completed with staff around how they supported each person with their behaviour that challenged. One person had a boxing bag in their room that they used when they became anxious. A relative told us, "I suggested a boxing bag. The day [person] moved in, there was a boxing bag there for him." This means that the home was managing people that displayed behaviour that challenged in a safe, effective and person-centred way.

A staff member told us, "We have had physical intervention training. We review every month and we have started using less PRN. For one person they have stopped using PRN because their behaviours have decreased so much. We use other ways instead of PRN." A relative commented, "[Person] has challenging behaviour. This is the first place that has been able to handle [person]. They don't talk down to him, they talk on a level that he understands. If he doesn't, they use pictures. Whenever he has an episode, they are able to talk him down."

We reviewed accident and incident logs. It showed that the registered manager used accidents and incidents as an opportunity for learning and to change practice or update people's care needs. Procedures relating to accidents and incidents were clear and available for all staff to read. Staff told us that they knew how to report and record accidents and incidents. Any incidents or accidents were also reported to the organisations head office and reviewed by their quality assurance team.

The home had considered people's complex needs before purchasing furniture for people's flats. Wardrobes, drawers and beds were sturdy and had no sharp edges or hinges and handles that could cause injury. As well as being safe, the registered manager had also considered how the furniture looked and we observed that it was homely and fitted in well with the design of people's flats. Window restrictors had been fitted in people's flats and curtains were 'anti-ligature' and would come down when pulled to ensure that people were kept safe and unable to harm themselves.

The home had considered how the temperature of the building was managed. To help control the heat at the top of the house in the summer months, a skylight had been installed since the last inspection which was electronically controlled from the office. Air conditioning systems had also been installed in each person's flat.

There were up to date maintenance checks for gas, electrical installation, lift maintenance and fire equipment. Staff understood how to report any maintenance issues regarding the building.

Fire systems were checked regularly and we saw records of maintenance checks by an external company. The registered manager told us that fire drills were completed more regularly than usual to ensure that people were aware of the sound of the alarms and to help prevent them from becoming distressed at the loud noise. One person had lights in their flat that would flash when the fire alarm went off to ensure that they were aware that there may be a fire.

Good

Is the service effective?

Our findings

Relatives that we spoke with told us that they felt the care provided by the home was effective. One relative told us, "With [person], he's a difficult person. He's never settled anywhere. I go by the staff and the methods they use. Within three weeks of him being there he was better. They are obviously experienced. They've really turned him around. They've really done some good stuff with him" and "I see a big difference in him. He never used to say much and now he's full of talking!"

Staff received an induction when they started working at the home. The initial induction lasted for one week and the new staff member was assigned a 'buddy'. This was a more experienced member of staff that the staff member would shadow and be supported by. The registered manager told us that shadowing could be extended if it was identified that the staff member needed more support. The induction also included reading people's personal files, policies and procedures, the overall running of the home and mandatory training including safeguarding, health and safety and mental capacity. Throughout the induction senior staff completed spot checks and observations that were fed back to the registered manager to monitor new staff's progress. A staff member told us about the induction, "It was about fire safety, how to manage correspondence, service user care plans and being introduced to the service users. I did one week of shadowing. I felt confident to ask if I had any questions."

Staff told us and records confirmed they were supported through regular supervisions. Supervisions looked at staff performance, any concerns or issues and helped identify any training needed. A staff member commented, "Supervision is once a month. It is a place to help me if there is anything I need to talk about. I am supported and I feel confident." All staff that had been working at the home for more than a year had received an annual appraisal.

Records showed and staff told us that they were provided with training to enable them to carry out their role. Training records showed when staff had completed training and when they needed to refresh specific training such as, safeguarding, manual handling and health and safety. We saw that staff were being supported to achieve the Care Certificate. The Care Certificate is a set of standards and principles that care staff should adhere to, to underpin good care delivery. The registered manager told us, "I think that doing the care certificate has improved the quality of the team." Staff also completed training specific to working with people who had learning difficulties including, epilepsy awareness, introduction to Asperger's Syndrome, introduction to learning disabilities and introduction to Autism Spectrum Disorder. Staff commented that these training courses provided a good underpinning knowledge of how to work with people living at the home. A staff member also said, "We can ask for training if we need additional support and this will be given to us."

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 with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where people required a DoLS, these had been applied for and there were records in place for when DoLS needed to be reviewed. There was guidance for staff on how to support people with decision making. This meant that people were being supported around their mental capacity in the least restrictive way.

At our last inspection we found that not all staff were able to explain what the MCA was and how it impacted on the people that they worked with. Staff that we spoke with during this inspection could explain what the MCA was and what it meant for the people that they worked with. A staff member told us, "We have to be prepared to help people make decisions. We offer choices through audio, visual, written or pictorial to ensure people can make decisions as far as possible." Another staff member said, "If they are over the age of 16 and unable to make a decision for themselves the MCA is there. For everyone admitted to this service an assessment is always carried out. If they cannot make a decision in a certain area we need to have a best interest meeting to ensure decisions are taken in their best interest" and "I have to assume everyone has capacity unless proved otherwise." We saw that mental capacity assessments and best interest meetings around specific decisions for people had been completed by the home.

The home completed comprehensive pre-assessments before people moved into the home. A healthcare professional involved in the pre-assessment of a person since the last inspection fed back to the senior management of the home via e-mail, 'We have had the pleasure of the company of two of your staff who have been carrying out an assessment of one of our in-patients. They were kind and courteous to both the patient and members of staff, and their approach to their work was hugely impressive'. Pre-assessments helped provide the basis for the care plan and covered all aspects of the person's wellbeing, physical and mental health. We saw that, where appropriate, people's families were involved in the pre-assessment process.

People were encouraged to have a healthy diet. The home monitored people's weights and we saw that there were records of monthly weight checks. The home used different techniques to help people manage their weight. For example, one person had a 'portion control' plate. This helped the person visually see appropriate sized portions and we saw this was reflected in the person's care plan. Another person was encouraged to walk every day. A relative commented, "They are managing [person's] condition around food well. Found a balance between what works for him and they seem to be managing it well."

People were encouraged to go food shopping with the support of staff. Staff that we spoke with were aware of people's preferences around food. We saw that people's fridges were clean and food was labelled as to when it had been opened and when it needed to be disposed of. For one person we saw that there were no opening dates on food. This was because of their preference and this was documented in their care plan. A staff member told us that for this person, "We do visual checks to make sure food does not go out of date." Where people were able, staff supported them to cook. One person told us, "Staff help. I'm having Italian tonight." Where people were unable to prepare their own food, we saw that staff cooked for them in accordance with what the person wanted to eat. A staff member told us, "We give choices and people can choose what they want."

People were supported to attend routine healthcare appointments such as the GP, dentist and opticians. Where appropriate, people were also referred for specialist services such as specialist learning disability

services, psychiatry and dieticians. Where there were any recommendations we saw that people's care plans were updated accordingly and staff were given guidance on how to support people.

People's flats were personalised to them. People were able to choose wall colours and items that made their flats feel homely. We saw that one person had a preference for the colour pink and their flat was decorated with this colour. They had also chosen new curtains which matched their décor. Another person was a supporter of a particular football club and they had various decorations in their flat that reflected their passion.

Good

Is the service caring?

Our findings

Where people were able to communicate verbally with us, we asked them if they felt that staff were kind and caring towards them. One person told us, "Yeah, they are nice." We observed that the person appeared calm and comfortable with the staff that were supporting them. Relatives said that they felt that staff were caring and comments included, "It's a great place. [Person] is full of beans and when they greet him he greets them in a similar way. He greets them with hugs" and "It's hard to leave your child in someone else's hands. I wanted [person] somewhere safe and where they would love him and I think that's what I have", "I see such a difference in him. He has learnt to trust again and that's because of how the staff care." Another relative said, "The love that [person] receives, I can see that they care about [person]."

Throughout the inspection we observed warm and friendly interactions between people and staff. For example, one person that was at college called the home to ask if a particular member of staff would be present in the home when they got back as they wanted to show them what they had made in cookery class. On return the person chatted with the staff member and proudly showed them what they had made. The interaction was warm and genuine and the person appeared comfortable.

During the inspection a person began to display behaviour that challenged. A few minutes prior to this happening, a staff member recognised the behaviours that led up to an episode and requested support from a second member of staff. We heard the two staff members talking calmly to the person, using diversionary tactics and helping the person feel safe and secure. Staff treated people calmly and with respect when they became anxious or showed behaviour that challenged.

People's privacy and dignity was respected. For one person that did not like curtains in their room we saw that the home had installed a coating on the window that allowed the person to see out but no-one to see in. This preserved the person's dignity when they were in their flat and ensured that their wishes were safely taken into account. A staff member commented, "We ensure people's privacy. For example, where safe, allowing people to use the shower or bathroom in private." Another staff member said, "Respect the culture of the person. Know who they are, where they come from, what foods they like. We need to enhance the person's ability and we do it by respecting and understanding them."

Each person had a key worker. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. Staff knew people well and were able to tell us about people's likes and dislikes, what strategies worked with each person and how they worked with people to maintain their wellbeing.

Each person had a 'Equality and human rights profile and support' document. This was a very detailed three-page information sheet that looked at the person's disability, their gender identity, sexuality, religion and ethnicity. There was guidance on how to support the person in each of these areas to ensure that their human rights were upheld. The home recognised that people with a learning disability had a right to form and maintain relationships. Care plans and the human rights profile detailed how staff should support people to be sexually safe where necessary and what steps staff should take if people were at risk.

Staff were aware of how to support people to maintain their independence and the importance of promoting choice to achieve this. One staff member said, "We want to improve people's independence where we can. I give them [people] choice in terms of what to eat and where to go. For those that can't communicate verbally, we use flash cards and they make their choice. It's part of respecting them and helping them feel more independent and in control." A person told us that they really loved their flat and were grateful for the home to give them the opportunity to live with support but still be independent.

The home understood the importance of supporting people to maintain contact with family and friends. People's care plans documented people that were important to them and how staff should support people to stay in contact. We saw that some people were supported to visit family regularly and where appropriate, staff would drop the person off and collect them. Relatives told us, "They encourage him. He has contact with his baby sister, nieces and nephews" and "The carers are really nice when they drop him off and pick him up." Relatives were able to visit whenever they wanted and there were no restrictions on visiting. One relative told us, "I always call before I go but it's never a problem" and "The staff are always so warm and welcoming."

Relatives that we spoke with told us that they were involved in planning people's care where appropriate. Relatives said, "We were involved in the care plan" and "Very much so. At the very beginning I was sent pages and pages asking my opinion. Someone came to the house for an hour and a half asking questions. When it was finished I was sent the whole thing. We do review it too."

Good

Is the service responsive?

Our findings

Care plans were detailed and person centred. They included information on people's backgrounds, their support networks, their likes and dislikes. There was also information on the person's specific learning disability and how it affected them as an individual. Care plans provided staff with detailed information on the best ways to work with each person so that their needs were met in an appropriate way. Where possible, people were involved in planning their care. One person had an active role in their care plan and risk assessments. The person had been very clear in how they need to be supported and how their autism affected them and why they needed staff to support them in a way that reduced their anxiety. We saw that the person's opinions and how they wanted to receive their care formed the basis of their care plan. A staff member told us, "We have a good understanding of the care plans and people's needs."

Care plans detailed things that made people feel better in their day-to-day lives. For example, one person did not always like sleeping in their bedroom. The reasons and ways to address this were clearly documented in their care plan. We saw that the home had purchased a second bed that was placed in a different room and the person was given the choice of where they wished to sleep. A staff member told us that this helped the person feel, "More comfortable and relaxed."

Care plans included a 'hospital passport'. This is a document that people can take if they are admitted to hospital and includes important information about the person. This included information about things such as their communication needs, things that could trigger behaviour that challenges, medical history, their likes and dislikes. This ensured that hospital staff were aware of the person and their needs.

Two people that used the service had been encouraged to understand and manage their finances and apply for specific benefits. Where this was being done, we saw that people had 'financial support plans' which detailed the type of support the person needed and how they wanted to be supported.

Care plans were reviewed monthly by the registered manager and we saw that where there had been any changes the care plan had been updated to reflect this. This meant that people were supported by staff who had up to date information about their care needs.

People's communication needs were documented in their care plans and we saw detailed guidance for staff on how each person communicated and the best way to engage them. People had communication aids in their flats. For example, for one person that was unable to communicate verbally we saw a pictorial poster with large coloured faces from yellow to red that indicated a pain scale. A staff member told us, "[Person] will tap to let you know how she is feeling." We also saw that the home ensured that people's communication needs were taken into account when providing information. In the hallway there was a large pictorial service user guide, this told people and visitors things like what the service provided, how to make a complaint or report it if they felt unsafe. The pictorial guide also had large buttons beneath the pages that people could press and all information was provided as an audio recording.

People had individual activity timetables that were designed to promote their wellbeing and reflect their

individual interests. We saw that one person had been encouraged to attend college and another person had recently been accepted at another college and supported by staff to attend and have a look around. A staff member told us, and we saw, that one person enjoyed arts and crafts. The home had created a space in their flat for arts, crafts and puzzles. The person's artwork was displayed on their wall. A staff member told us, "[Person] does have an activity timetable but they can change their mind and that's fine. We do what they want." During the inspection we observed a person asking staff to go out for a walk. Staff spoke with the person and asked where they wanted to go. Later on, we saw that the person was supported to go to a local park that they had requested. The registered manager told us, "We have individuals who recently completed a college course to improve their learning skills and abilities this resulted in them passing the course and being awarded a certificate and also a medal for outstanding achievement. This has encouraged other individuals to join similar learning projects."

The home had a complaints procedure that was available for staff and people. An 'easy read' version of the complaints policy had been produced for people as well as an audio version to ensure that people were able to access how to complain. The language used on the easy read complaint procedure was jargon free and included statements such as, 'you won't get into trouble for making a complaint'. This was clearly displayed in the hallway of the home. There had been one complaint since the last inspection and we saw that this had been appropriately dealt with. The complaint had been acknowledged, investigated and a letter sent to the complainant stating their findings. The outcome and action had been discussed at a staff meeting and strategies put in pace to ensure the issue did not happen again. This showed that the registered manager used complaints to learn and improve the quality of care. Relatives that we spoke with were all aware of how to make a complaint.

Good

Is the service well-led?

Our findings

The registered manager told us that they felt well supported by the senior management of the organisation. Staff that we spoke with understood the management structure of both the home and the organisation and there were clear lines of accountability. We saw that people knew who the registered manager was and we observed warm and friendly interactions between people and the registered manager throughout the inspection.

Staff that we spoke with were positive about how the registered manager supported them.
Staff commented, "I'm very happy working there. We work as a team. She [the registered manager] does her best to support everyone", "I find [the registered manager] very engaging, very professional. She has a great passion for the service users. She gave me great confidence to come into the service." Relatives were also positive about the registered manager and staff working at Roseneath Avenue and how they communicated with them. Relatives told us, "The manager keeps me well informed. She calls me all the time", "Any accidents or flare-ups they ring me straight away" and "They call me if [person] goes to the doctors or if anything happens. They are straight on the phone to me."

Staff commented that they felt that the service had improved since the last inspection. One staff member said, "The service has improved. We have worked very hard to improve. The management and the staff have done a lot to see that it has improved. [Registered manager] has put a lot of things in place and we are better" and "There is now team work amongst the staff. Communication lines are free and we can talk about anything."

There were records of regular staff meetings that allowed staff to discuss people's care needs and development of the service. The registered manager also completed staff meetings out of hours to ensure that all staff had an opportunity to have input and be aware of any important information. Staff that we spoke with told us that they could talk to the registered manager at any time. One staff member commented, "I feel supported. We can always have someone to talk to."

We saw that the registered manager and quality improvement team completed various audits that looked at the quality of care as well as systems and processes. Where any issues were identified, an action plan was produced and updated when the required action had been completed. Audits included environmental, which looked at the condition of the home and people's flats, health and safety and people's care records. There were weekly and monthly fire systems and equipment checks. There was also infection control audits and a staff member had been appointed as an infection control lead since the last inspection. The registered manager completed out of hours checks at least once a month to ensure that the quality of care being provided at night was of a good standard.

Medicines audits were completed monthly and we saw that regular spot checks of people's medicines were also in place. An external pharmacy company had completed an audit of medicines used in the home in April 2018. The audit found that medicines were managed well and there were no recommendations.

People that used the service had complex needs and were not always able to communicate their views. The home completed surveys with people, where they were able to, relatives and healthcare professionals. We saw some responses from the most recent survey which were positive and the registered manager told us that feedback was used to improve the quality of care if any issues were identified. However, the survey results were not collated and shared with people, relatives or healthcare professionals. We raised this with the registered manager who told us that this would be looked at as a future action.

People's care records showed that the home worked closely with other healthcare professionals such as social workers, learning difficulty specialists, psychologists and the local authorities that had placed people at the home.

The home used any incidents, complaints or safeguarding's as a learning process. We saw that where issues had arisen, these had been discussed and shared in staff meetings to improve the quality of care. For example, a person showed a specific risk that had not been previously identified. We saw that this had been discussed amongst the team and a risk assessment put in place for the person. The risk was also assessed for everyone living in the home. The registered manager told us, "We look at patterns and make changes by asking ourselves what we could have done better and what did we learn from the incident. Updating risk assessments and support plans also feeding back results to the staff team."

We saw that the organisation provided adaptations for staff that had specific health requirements. For example, a desk where the height could be changed had been supplied to ensure the staff members health and well-being. The registered manager also supported staff where additional support had been identified such as identifying external training courses and providing specific visual aids and support to enhance their ability to carry out their job effectively and to further develop their skills.