Progress Housing Limited

Lulworth

Inspection report

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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

We carried out a comprehensive inspection of Lulworth on 22 May 2018.

Lulworth is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Lulworth is registered to provide accommodation for people requiring personal care for up to 16 people and younger adults with learning disabilities or autistic spectrum disorder, physical disabilities, sensory impairments and mental health support needs.

People lived in two separate buildings in the premises of the service; a larger building named Lulworth and a smaller annex called Blake. At the time of the inspection there were 16 people in total living at Lulworth. 11 people lived in Lulworth and five people lived in Blake.

Lulworth 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 this service can live as ordinary a life as any citizen.

The service had a registered manager in post. 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.

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in June 2017.

People told us they thought the service was safe. One person said, "I feel very safe here". A relative told us, "It is a safe place, environmentally and with the quality and availability of staff." There were systems and processes in place to keep people safe from abuse. People and staff knew how to recognise abuse situations and know what they could do, or who they could speak with, to get help to prevent this.

Safeguarding and accident and incidents were reviewed internally and the service shared information and worked in partnership with relevant health and social care agencies following any incidents. This helped staff and people to learn and put in place actions to prevent these situations occur and to keep people as safe as possible.

People had risk assessments in place that identified any potential hazards to their well-being. Actions were in place to help people and staff manage the risk safely and positively, in the least restrictive way. Systems

and processes were in place to ensure medicines were safely and properly managed. There were enough staff to meet people's needs and there were safe recruitment practices help prevent unsuitable staff from working at the service.

The service was clean and hygienic and risks to people from infection were well managed. The premises and equipment used in the service was safe and well maintained. There were regular fire alarm tests and fire drills. People had Personal Emergency Evacuation Plans (PEEPs) in place so staff knew how to support them safely in the event of a fire.

People told us that the service was effective. A relative told us, "The staff are brilliant" and the service met their family member's needs very well. We found people had support to achieve good outcomes and quality of life.

Assessments of people's physical, psychological and social needs took place and people's needs were regularly reviewed. This holistic process helped staff know how support people to achieve their support outcomes in all areas of their lives and have a good, well-rounded quality of life.

The provider was committed to promoting inclusion and supporting people with a learning disability to overcome any social prejudice that could act as a barrier to them achieving their chosen outcomes. Staff received Equality and Diversity training and there was an 'Equal Opportunities, Diversity and Anti-Oppressive Practice' policy in place.

Staff worked well with external agencies, such as local authority social and healthcare services and other providers to help co-ordinate people's support so their needs could be effectively met. This helped people achieve their chosen outcomes and improve their overall quality of life.

Staff had regular training, in a range of subjects, including learning disabilities and autism. Training was regularly updated. Staff also had comprehensive and effective on-going supervisions, support and guidance from management in line with best practice guidance. This gave staff the right knowledge to be able to meet people's assessed needs.

People had support to understand and share information and access external services to ensure their healthcare needs were met. People's nutritional and hydration needs were effectively assessed and monitored. People had support to safely manage complex eating and drinking needs. Staff promoted healthy eating and supported people to understand how they could do this.

The service worked in line with the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). As far as possible, people made their own decisions. If it was necessary, people had had appropriate support to make decision in their best interests and in the least restrictive ways possible.

The service had been adapted to meet people's support needs, including adaptations to enable people with physical disabilities to be able to move as freely as possible. People were involved in making decisions about decorations and communal areas and people's bedrooms had been personalised.

Staff were kind and caring and respected people's privacy and dignity. Staff included people and listened to how they liked to be supported and knew what their personal support preferences were. People told us they felt involved in making decisions about their care. They said, "Staff ask me where I would like to go or I can go down and ask them". This helped people feel included and gave them control over their support.

Where necessary, staff used accessible ways to communicate with people to help remove or reduce any barriers for people with protected characteristics under the Equality Act 2010. For example, using simple signs, expressive body language or less complex language and shorter sentences.

People were encouraged to be as independent as possible. Some of the people using the service were younger adults and we saw that staff recognised this and gave them choice and flexibility about their privacy, including the amount of parental involvement in managing their support.

Staff understood the importance of maintaining people's confidentiality. There were data protection and record keeping polices in place that the registered manager and staff adhered to. This ensured people's personal information was correctly stored, used and shared.

People received personalised care that met their needs. A relative said, "The home is tailored to individuals." People were involved in planning their care and had care plans that contained details about who they were as an individual, such as their life histories, social relationships and their interests and aspirations.

People's care plans were regularly reviewed and staff shared information about people's support needs in daily notes and handovers. This allowed staff to recognise and respond to any changes in people's needs appropriately and in a timely manner. This ensured that people's quality of life was affected as little as possible and they could maintain or develop their strengths and levels of independence.

People had support to follow their interests and take an active part in the wider community. There were individual activity plans in place for each person based on their preferences and needs. People and their relatives told us about how they took part in social activities of their choosing regularly, both inside and outside of the service.

People were encouraged and supported to develop and maintain social relationships to help them avoid becoming socially isolated. Staff were aware of people's individual communication needs and used the most accessible means to share information about their support with them.

Information for people with a disability or sensory loss related communication need was available for people, as outlined in the principles of the Accessible Information Standards (AIS). There was a complaints policy in place and people told us they knew how to raise a complaint and were confident they would be listened to and receive an appropriate response.

People told us service was a nice place to live and that managers were approachable and visible. The registered manager had a clear vision of providing person-centred support to people to achieve their chosen support outcomes. People had decided the values that they expected and thought were important for them for staff to display when supporting them. These included respecting and promoting choice and including and empowering people. The registered manager re-visited these values when reviewing staff performance to help make sure they were displaying these when supporting people.

The registered manager promoted open and transparent communication with staff and external agencies to help ensure the delivery of high quality support. Staff said there was a positive and open culture at the service and felt listened to and included. Staff well-being was respected and the registered manager was committed to supporting the equal rights of staff with protected characteristics under the Equality Act 2010.

Staff were motivated and felt valued. Individual and team achievements were recognised and rewarded. The staff team cooperated and supported each other and worked together, sharing responsibilities to help

people achieve good outcomes.

Staff, people and relatives had regular meetings and forums and completed surveys to involve them in developing the service. Feedback from these sources helped to identify resources and support to help drive improvement. There was effective quality assurance and governance systems in place to help identify actions to take to ensure and sustain high standards of quality and safety at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems and processes were in place to safeguard people from abuse.

Risks to people were monitored and managed to keep people safe in the least restrictive way possible.

The service had sufficient numbers of suitably trained and skilled staff.

Medicines were managed properly and safely.

The service was clean and hygienic and people were protected from risks of infection.

Is the service effective?

Good

The service was effective.

People's needs were holistically assessed to staff could support them to achieve effective outcomes.

Staff had training and support to ensure they had the skills and knowledge to meet people's needs.

People had support to with their eating and drinking needs and to maintain a healthy diet.

Staff worked well internally and with external services to deliver effective support for people.

People had support to access appropriate healthcare services and receive on-gong healthcare support.

People consented to their care and the service worked in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion and empathy.

People were involved in making decisions about their support.

Staff supported people to express their views.

People's privacy, dignity and confidentiality was respected.

Staff promoted and encouraged people's independence.

Is the service responsive?

Good

The service was responsive.

People were involved with planning their support.

People's had care plans in place and received personalised support from staff who knew them well

Staff responded well to changes in people's needs.

People had support to take part in meaningful activities and maintain and develop social relationships in the service and the wider community.

Complaints were managed appropriately.

Is the service well-led?

Good

The service was well-led.

There was a clear vision and set of values and to empower people with a learning disability to achieve the best possible outcomes and quality of life.

There was a positive and open culture at the service, managers were visible and approachable and staff were well supported.

Staff worked in an open and transparent way with external stakeholders to share information to improve the quality of the service.

Quality assurance and governance systems were effective and helped identify actions to address issues and build on areas of good practice.

People, staff and relatives were all encouraged and involved in

developing the service.

Lulworth

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 checked 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 22 May 2018 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care 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.

We reviewed other information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

During the inspection, we spoke with four people using the service, one person's relative, four support workers, the registered manager and the area manager. We obtained feedback via email from two community health and social care professionals who worked with the service to provide support for people living there.

We reviewed care records for the two people receiving personal care support and 'pathway tracked' them to understand how their care was being delivered in line with this.

We observed the support that people received in the communal areas including lounges and dining areas of the service.

We reviewed staff training, supervision and recruitment records, medicines records, care plans, risk assessments, and accidents and incident records. We also reviewed complaints and compliments documents, quality audits, policies and procedures, staff rotas and other records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they thought the service was safe. One person said, "I feel very safe here." A relative told us, "It is a safe place, environmentally and with the quality and availability of staff." A health and social care professional who worked with the service said, "I have not had any concerns about safety." We found the service was operating safely and people were protected from harm and abuse.

There were systems and processes in place to keep people safe from abuse. The service provided easy read information to support people to understand and be aware of different types of abuse, including discriminatory abuse. This helped people to recognise abuse situations and know what they could do, or who they could speak with, to get help to prevent this.

Staff had received safeguarding training as part of their induction and this was updated annually. This helped staff understand how to recognise signs of abuse. Staff monitored people's well-being for signs of abuse and could explain what they would do if they suspected or saw people were at risk. There was information displayed in the service about internal and external safeguarding reporting procedures. Staff we spoke with knew who to contact inside and outside their organisation to raise safeguarding concerns if they thought this was necessary.

The registered manager reviewed and investigated any reported safeguarding incidents or concerns and reported them externally if appropriate. The registered manager shared information and worked in partnership with relevant health and social care agencies in response to any safeguarding concerns. This helped agree, plan and implement any necessary further actions to keep people as safe as possible.

People had risk assessments in place that identified any potential hazards to their well-being and the actions needed to manage the risk safely. People's risk assessments were reviewed regularly and people's safety and risk control measures were monitored daily. Where necessary, information about risks to people was shared with appropriate people, such as other health and social care professionals. This helped ensure the right control measures were put in place to keep people safe. Any changes to people's risk management support were communicated to staff immediately. Staff we spoke with could tell us about risks to people at the service and how they supported them to remain safe.

The registered manager told us that they supported positive risk taking and looked to manage risk in the least restrictive way for people as possible. People told us that staff supported them to share information and understand to help them to make decisions about risk. For example, for a person who displayed behaviour that challenges, staff helped them understand and recognise 'triggers' of events or feelings which might cause their behaviour to potentially become challenging. By giving them the knowledge and skills about how they could respond to these triggers, this allowed the person to take more control of managing the associated risks themselves. Understanding the person's triggers also helped staff to know how to offer the best support to help prevent the person presenting behaviour that may challenge rather than reacting once these behaviours had already occurred.

People told us they had safe support with their medicines. Medicines were stored safely and securely. People had assessments in place detailing the level of support they needed to take their medicines safely. There were systems in place for ordering, returning and disposing of medicines, which were overseen by the registered manager who audited these monthly to ensure they were operating safely.

Staff received in-house training and had recently attended additional training delivered by a local pharmacy to help them know how to manage and administer medicines safely. Staff also had regular competency observations of their practice to check they were administering medicines properly.

Medication Administration Record (MAR) were in place. The MAR included information about people and the medicines they needed, including details about how their medicines should be taken or used and how often. MAR details were cross checked with medicine instructions and the medicine was placed in an administration pot. The pot was then put in a separate larger container labelled with the name and a photograph of the person it had been prescribed for. Another staff member witnessed this had been done correctly before the medicine was administered. The MAR was then signed to say the medicines had been given. This ensured people got their medicines as intended and this was recorded appropriately.

People had body maps in place to guide staff with administering prescribed topical creams. Some people were prescribed medicines on a 'as and when required' (PRN) basis if they needed them. PRN guidance was in place describing the requirements for when staff should offer and administer this medicine. This ensured people were not receiving inappropriate or excessive PRN medicines.

Staff completed daily notes and specific accidents or incident report forms. These were then reported to the manager, who also shared any relevant information relating to the incidents with other relevant partner agencies, such as the local authority for review. The registered manager reviewed incident and accident reports every three months to identify any patterns or themes. This analysis was used to implement further actions aimed at preventing incidents from re-occurring in future. Outcomes and learning following this review was then shared at staff meetings. This helped staff be aware of any further support people needed to keep them as safe as possible.

People told us that there were enough staff to meet their needs. One person said, "There are always staff around and there are enough. There is always someone there to help you if you need it, including at night". Rotas were written to make sure that people's individual needs were met. The service was currently recruiting for staff and shortfalls in staffing levels were being covered by existing staff. All staff were given information to make them aware of the Working Time Regulations (WTR). Some staff had opted to work more hours than recommended in the WTR. This was monitored by the registered manager to ensure staff did not work excessive hours. This helped reduce the risk of staff errors occurring due to fatigue or overwork.

All staff working at the service had undertaken a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions and help prevent unsuitable staff from working in a care setting. Staff also submitted an application form, supplied two references and completed a successful competency based interview before they started work. Staff then had to complete a satisfactory induction and probation period to ensure they were safe to work before being permanently employed.

The service was clean and hygienic. Staff carried out daily cleaning of all communal areas and there were weekly deep cleans of people's rooms. Where possible people were involved and carried out cleaning tasks in their rooms and in the communal areas, Staff received infection control training and used plastic gloves and aprons when supporting people with their personal care. Hazardous waste was managed appropriately. Staff received food hygiene training and had access to correct equipment such as plastic gloves and colour

coded chopping boards to help ensure food was handled and prepared safely.

Health and safety and fire checks of the communal areas and people's rooms took place regularly. There were regular fire alarm tests and fire drills. People had Personal Emergency Evacuation Plans (PEEPs) in place so staff knew how to support them safely in the event of a fire.

The provider employed a designated member of staff to carry out maintenance tasks at the premises and any issues were logged and reported to them. People told us this was effective in making sure that actions were taken quickly to address any issues. Equipment owned and managed by the provider to support people, such as hoists and wheelchairs, was regularly checked by staff every month and serviced annually to make sure it was safe to use.

Good

Is the service effective?

Our findings

People told us that the service was effective. One person said, "I am very happy with my support." Another person said, "It's not boring, life's really interesting here." A relative told us, "The staff are brilliant" and the service met their family member's needs very well. We found people had support to achieve good outcomes and quality of life.

Assessments of people's physical, psychological and social needs took place and people's needs were regularly reviewed. This holistic process helped staff know how support people to achieve their support outcomes in all areas of their lives and have a good, well-rounded quality of life.

People told us they had been actively involved in the assessment process. Where appropriate, other relevant people such as relatives or health and social care professionals had also been involved in assessing people's needs. This helped to identify all areas of the support people wanted and needed. A relative told us, "They set personal goals with [name]. If there's any possible way, they make sure it happens".

The provider was committed to promoting inclusion and supporting people with a learning disability to overcome any social prejudice that could act as a barrier to them achieving their chosen outcomes. Staff received Equality and Diversity training and there was an 'Equal Opportunities, Diversity and Anti-Oppressive Practice' policy in place.

This helped staff to respect people's choices and promote people's understanding of their civil rights. This then allowed people to make decisions about their support and outcomes without any discrimination. For example, one person told us that staff regularly supported them to vote. They said, "I always go with a member of staff, they help with my wheelchair."

Staff worked well with external agencies, such as local authority social and healthcare services and other providers to help co-ordinate people's support so their needs could be effectively met. This helped people to achieve consistent person-centred support. For example, a person moved into Lulworth missing important information about how to identify and support them with an aspect of their healthcare needs. The registered manager liaised with appropriate services to ensure this information was shared in a timely manner to make sure staff could meet the person's needs effectively.

A relative told us that the effective partnership working the service provided had helped achieve an outcome of meeting their family member's needs and improving their overall quality of life. They gave us a specific example of this, saying; "Staff have been good acting as intermediaries with health professionals. They worked out a seizure management plan with hospital staff to minimise the need to go to hospital".

A psychologist told us that the service had worked well with them and family members to assess a person who moved to the service's support needs effectively. This resulted in a previously unrecognised medical diagnosis being discovered. Once this had been identified staff could adjust the person's expected outcomes accordingly and put in place support that met their needs.

The psychologist told us now the person was achieving effective outcomes, this had greatly improved their quality of life. The person had previously moved between providers frequently as their needs had not been me but, due to the work that had been done with the staff at Lulworth, "As a result, for the first time the person has been stable."

People told us staff knew how to deliver effective support. The provider had an 'Awesome Interview' initiative which involved people from Lulworth and other services run by the provider in recruiting new staff. This helped to ensure staff and people were well matched. We spoke with one person at Lulworth who was part of the 'Awesome Interview' team and they told us they asked questions and staff asked for their input when deciding to offer people jobs, "I help interview them and the staff ask me what I think."

Staff had training in a range of subjects, including learning disabilities and autism. Training was regularly updated. This gave staff the right knowledge to be able to meet people's assessed needs. Staff could request additional training at any time if they felt they needed to improve their skills. For example, staff had recently had diabetes training to know how to better meet the needs of a person they supported with this condition.

All new staff received a comprehensive induction that met the Care Certificate standards. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. After completing an induction, staff practice was subject to further review over a probation period to make sure they could evidence they were delivering effective care and support before being offered a permanent position.

All staff, after completing their induction and probation, received regular support to ensure their skills were monitored and their knowledge kept up to date. Staff had regular appraisals, supervisions and competency assessments to test they were applying their learning from their training sessions to best effect.

The registered manager attended local learning disability provider forums and the organisation had an internal quality team that they could contact for advice. This helped them to kept up to date with the latest professional best practice guidance. The registered manager then shared this information with staff via supervisions and staff meetings. This helped staff to reflect on how they could incorporate this into their everyday practice so they were meeting people's needs in the best way.

People told us that staff talked to them about their wellbeing and helped them to access healthcare services if necessary. One person said, "If needs be, they get a doctor very quickly." Staff monitored people's health daily. For people who did not communicate verbally, there were specific tools in place to help staff understand when they might be saying they were in pain or emotionally distressed.

For some people, staff recorded information about their health such as psychological well-being, weight or bowel movements to assess what had been recorded to see if escalation for further healthcare support was necessary. A relative told us this process was effective saying, "Staff pick up on their mood and they have liaised well with the GP about their mental health needs."

Staff attended health appointments with people to help explain the advice about their health and treatment options. This information was shared with other staff following appointment to ensure people had consistent support to maintain their health. People had a 'Hospital Passport' containing important information about their health, social and communication needs to help share information effectively with healthcare professionals if temporarily placed in their care.

People told us they were involved in their eating and drinking support, had enough to eat and that staff helped them understand the importance of maintaining a balanced diet. One person said, "I help make the list for the supermarket shop and I go with a member of staff. I help peel the vegetables. We all try to live healthily. I've been able to invite my parents for meals and helped to prepare the food. I like salads and have them a lot. I can go in the kitchen any time, it's our kitchen, so we can get drinks or something to eat."

People's nutritional and fluid needs were assessed and had care plans and risk assessments that detailed any specific eating and drinking needs. Where necessary, people had been referred to specialist healthcare services such as dieticians or speech and language therapists. This input helped staff to know the best way to manage people's more complex eating and drinking needs.

For example, a person required they receive food via percutaneous endoscopic gastrostomy (PEG) tube. This is a tube that is inserted into a person's abdomen so they can receive liquid food, fluids or medicines directly to their stomach. There were detailed guidelines in place about how to maintain, operate and deliver the correct nutrition and hydration to the person via their PEG and staff had received specific training from hospital dieticians to be able to do this effectively.

The Mental Capacity Act (MCA) 2005 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. We checked to see if the service was operating within the principles of the MCA and found that it was.

People we spoke with told us they had support to make their own decisions and had consented to their care. Staff received MCA training and had competency assessments to help make sure they were working in line with the principles of this legislation. Staff we spoke with demonstrated a good understanding of the consent and decision-making requirements of the MCA and could explain how they put these into practice.

People's mental capacity to be able to make decisions about different activities was assessed. Some people were not able to make decisions in some aspects of their lives. For these people, relevant people such as relatives, health and social care professionals or independent mental capacity advocates, had been identified to act in their best interests. This helped ensure the right decisions were made for the person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had followed the correct process for assessing and submitting applications for DoLS for people who required them and DoLS were regularly reviewed. This heled to ensure that any people were being supported in the least restrictive possible way. We checked to see whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

The service had large communal areas where people could take part in activities and meet with other people and visitors. People had access to a paved garden where they regularly spent time to eat meals and socialise. The physical environment was adapted to help meet people's needs. For example, there were lowered work surfaces in kitchens to allow people who used wheelchairs to prepare their own food.

People's bedrooms had been personalised with their own pictures, furniture and belongings. Communal

areas of the service also contained photographs of people and pictures and posters they had created themselves. People told us they were involved in making decisions about the environment, such as choosing a recent decoration colour scheme in the lounge.

Good

Is the service caring?

Our findings

People told us that staff were kind and respected their privacy and dignity. A relative told us that staff included people and promoted their independence. We found the service was caring and people were treated with compassion and empathy.

People told us staff listened when they told them about how they liked to be supported and what their personal support preferences were. One person said, "We talk about my support and staff know my routine". Another person said, "Staff understand what I want to do and how to help me."

Staff told us that they had time to talk with people and made sure they got to know and understand them as individuals. This was important as it meant they could support people in the ways they liked and made people feel like they mattered.

Staff listened and talked to people in a relaxed, friendly and caring manner. We observed staff acknowledging and making eye contact at appropriate levels when speaking with people. Staff were patient and waited for people to talk or respond in their own time and did not answer for them. This helped make sure that people and staff understood each other.

Where necessary, staff used accessible ways to communicate with people to help remove or reduce any barriers for people. For example, using simple signs, expressive body language or less complex language and shorter sentences.

Staff were compassionate and gave people emotional support when needed. For example, staff had supported a person to access counselling following a bereavement and worked with them to follow strategies to help them cope. We saw the person begin to express emotions related to their bereavement. Staff responded quickly and in a meaningful way, acknowledging the person's feelings and suggesting a positive way for the person to process their emotions by drawing and colouring an angel. The person accepted this suggestion and became less emotional.

Throughout the inspection, we saw other staff routinely enquiring about people's welfare and checking how they were feeling during their conversations.

People told us they felt involved in making decisions about their care. They said, "Staff ask me where I would like to go or I can go down and ask them." Staff encouraged people's involvement, and asked questions and people's opinion when they were supporting them. People were supported at their own pace and staff respected their choices. This helped people feel included and gave them control over their support.

A relative told us, "They check all the time that they understand and agrees what staff need to do. Staff always offer the opportunity for them to transfer from wheelchair to their comfy chair, even if it will only be for a short time, they are prepared to do it."

Staff respected people's privacy and dignity. One person said, "They give me privacy when I go to the toilet. I have to have people nearby but they don't stand in the room with me." People's preferences for receiving support from a staff member of a particular gender with their personal care were clearly recorded and staff knew and respected their wishes.

The registered manager told us they discussed the importance of respecting people's privacy and dignity with staff and observed their practice to see that this was being upheld. They said, "This is someone's home and we have to respect that." People told us that staff knew and understood this well. One person told us an example of how staff respected their privacy saying, "Staff know this is my room and they only come in when I want them to."

Some of the people using the service were younger adults and we saw that staff recognised this and gave them choice and flexibility about their privacy, including the amount of parental involvement in managing their support. For example, staff asked a person's opinion about if they should share some information about their support with their mother. The person agreed and staff checked again that they had the person's permission to do this before making the call.

People were encouraged to be as independent as possible when receiving support. A person told us staff always made sure they did as much as possible themselves in all areas of their support. They gave us an example of when they get dressed, "Staff ask me what I want doing and I say what I want. I will do some things and they do other things that I can't. I do as much as I can myself."

Throughout the inspection we saw other examples of staff promoting and encouraging people's independence. One person wanted to have lunch next door and showed a note to a staff member asking if they would phone next door for them. Staff encouraged the person to make the phone call as they were able to and helped get the phone so the person could do this themselves.

Staff were prepared to take longer to fully allow people to achieve what they wanted independently. For example, we saw a person making coffee needed more milk from the fridge. Staff did not intervene when they were alerted to this by the person, instead encouraging them so the person could do this task themselves.

Staff understood the importance of maintaining people's confidentiality. There were data protection and record keeping polices in place that the registered manager and staff adhered to. This ensured people's personal information was correctly stored, used and shared.

Good

Is the service responsive?

Our findings

People told us that their support was personalised. A relative said, "The home is tailored to individuals." We found the service was responsive and met people's needs well.

People, or people with the authority to act on their behalf, contributed to the planning of their care and support. This information was then used to inform the delivery of support people needed or wanted in all areas of their lives, including their physical, mental, emotional and social needs. The information was then recorded in a variety of care plans, depending on the person's support needs. This helped staff to consider individual strengths and levels of independence holistically so they knew how to support to people in a personalised way.

People's care plans contained details about who they were as an individual, such as their life histories, social relationships and their interests and aspirations. This information was combined with descriptions about people's personal preferences and routines for how they liked to be supported. This allowed staff to gain a good understanding about the person and why and what was important to them.

People we spoke with were aware of their care plans and could access them whenever they wanted. A condensed and accessible version of this information was also available via individual boards in people's rooms containing photographs to show people's likes and dislikes and weekly support routines. This helped people to be confident that their choices were known to staff and helped them to be in control of their support.

People said staff knew them well as an individual and planned and delivered support that met their needs consistently. One person said, "Staff know my routine well which I like." A relative told us staff understood their family member's needs and what was important to them very well and this meant they had responded well to delivering the support they wanted and needed. They said, "In a previous home they had no therapy; here they have seized every opportunity to help them."

People's care plans were regularly reviewed and staff shared information about people's support needs in daily notes and handovers. This allowed staff to recognise and respond to any changes in people's needs appropriately and in a timely manner. This ensured that people's quality of life was affected as little as possible and they could maintain or develop their strengths and levels of independence.

For example, a person had been referred for further optical support following difficulties with their vision. They had been prescribed specialised glasses which had resulted in the person now being able to read independently. Another person had been referred to a Speech and Language Therapist to help understand their communication needs. Support had then been put in place to help them overcome barriers, which allowed them to develop their verbal communication skills.

People had support to follow their interests and take an active part in the wider community. There were individual activity plans in place for each person based on their preferences and needs. People and their

relatives told us about how they took part in social activities of their choosing regularly, both inside and outside of the service.
People attended local community groups and events and had support to access education and work opportunities. One person showed us certificates of employability skills they had recently gained from a local college. Another person told us about their voluntary work experience as a receptionist for another care organisation.

People were encouraged and supported to develop and maintain social relationships to help them avoid becoming socially isolated. One person said, "They help me to visit my family and a staff member came with me so I could go to a special family party". Visitors were encouraged and regularly came to see people. People socialised with each other at the service and had support to visit local social clubs or go into town so they could meet their friends.

The service provided wifi and people were encouraged to use their own electronic devices to stay in touch with people that were important to them. For example, one person had support to arrange and set-up a regular video phone call with their family.

Information about care and support for people with a disability or sensory loss related communication need was available for people, as outlined in the principles of the Accessible Information Standard (AIS). Information about people's support was available in in large print or 'Easy Read' formats if required. There were pictorial tools in use for some people to help them understand documents such as their activity plans and rotas.

Staff were aware of people's individual communication needs and used the most accessible means to share information with them. For example, using objects of reference or Makaton to explain details and gain people's consent about their support, or ensuring hearing aids were provided for people who required them.

There was a complaints policy in place and this was displayed in 'Easy Read' format throughout the service, so people could understand and had access to this easily. People's right to make complaints was also regularly visited in meetings between staff and people. People told us they knew how to raise a complaint and were confident they would be listened to and receive an appropriate response. One person said, "I have no complaints but I would go straight to the manager if I had any concerns. I am comfortable to speak if I am not happy."

The service was not currently actively supporting people with end of life care. If necessary, people had information about advance decisions regarding planning, managing and making decisions about their end of life care. This could include details to ensure any religious or spiritual wishes were respected and people were provided with emotional reassurance and the correct medical palliative care support, resources and equipment. This helped to make sure people would have as dignified and pain free a death as possible.

Good

Is the service well-led?

Our findings

People told us service was a nice place to live and that managers were approachable and visible. One person told us, "The managers are very nice I can speak to them and they will come and see me and talk with me." We found the service was well-led and there was a positive culture that supported people and staff to learn and develop.

The registered manager had a clear vision of providing person-centred support to people to achieve their chosen support outcomes. People had decided the values that they expected and thought were important for them for staff to display when supporting them. These included respecting and promoting choice and including and empowering people. The registered manager re-visited these values when reviewing staff performance to help make sure they were displaying these when supporting people.

Reviews of individual and overall staff performance took place via bi-monthly supervisions and annual appraisals, as well as daily ad hoc observations and assessments and during regular team meetings. Staff told us that these processes helped them to understand the service's values and how to embed these into their practice when carrying out their roles and responsibilities.

Staff told us that all members of the management team were visible and approachable and they promoted the service's vision and values. This helped inspire them to deliver the best support possible. One staff said, "These are the best managers I have ever had. They are really person-centred and live for people here to have real quality of life."

The registered manager told us they aimed to make feedback constructive and they promoted honesty and open communication. Information about people's support and service performance was shared with all members of the team in a timely manner to ensure they were aware of the key challenges and concerns. This encouraged individual and teams to be able to reflect on their practice as well as identify any further support they needed to deliver the best possible support to people.

A health and social care professional told us this approach was effective and helped people achieve good outcomes. They said, "I've been impressed by the service. Staff have always been open and transparent and willing to be challenged…I feel that the area manager and home managers have had a positive influence on this – they have encouraged ground staff to meet with me and be open about their potential difficulties working with someone. I have carried out a number of reflective staff sessions and these have led to different formulations and ways of working with clients."

All staff we spoke with felt listened to and respected by management and that there was a supportive and inclusive team culture. We observed staff cooperated and supported each other throughout the inspection, working together and sharing responsibilities. The registered manager told us they always looked to develop a positive culture and it was important to acknowledge individual and team achievements as part of this process. For example, there was an employee of the month award that staff and managers voted for to nominate colleagues for good practice, where staff could win a voucher.

Staff well-being was respected and the registered manager was committed to supporting the equal rights of staff with protected characteristics under the Equality Act 2010. For example, observing and being flexible to respect staff member's religious and cultural needs when scheduling shifts on the rota. Other staff had received specific support to help them manage their dyslexia. This helped staff feel valued and motivated to deliver high quality person centred support.

Staff had regular meetings and forums and completed surveys to involve them in developing the service. Feedback from these sources helped to identify resources and support to help drive improvement. For example, the organisation had created a new post of Team Leader in response to feedback that this was a contributing factor to high turnover and low staff morale, as staff were leaving and feeling disheartened due to lack of career opportunities.

The registered manager and staff encouraged open and accessible communication with people and their relatives to shape and improve the service. Alongside day to day feedback from people to staff, surveys were sent to people and their relatives and there were 'Parent and Carer Forums every six months' to gain feedback about what the service did and didn't do well.

People and their relatives told us this was effective and their views and experiences were reviewed and acted on. One person said, "Things do get done." A relative said, "They recently started relatives' meetings, but management and staff are always available anyway and are completely available. They do want to know if people are satisfied and how to improve. I can visit any time of day or night, it's all very open."

The provider had recently implemented new centrally accessed electronic quality assurance systems. A variety of internal data sources relating to people's support and service performance were audited monthly by the registered manager. Audits were structured and designed to reflect key areas of quality and safety in line with external contractual and statutory requirements and current best practice guidance.

Audits were then reviewed by the registered and area manager to identify areas of good practice and any risks or issues. Actions from the audit findings to address any issues, or build on areas of good practice, were then added to a live action plan. This provided an effective framework to drive continuous improvement at the service.

Actions on the improvement plan were set dates for completion and prioritised using a 'traffic light system' that flagged up any urgent issues as requiring immediate attention. Completion of actions was overseen by the area manager and other internal higher management within the organisation. This helped support the registered manager to complete actions within set timeframes and ensure the delivery of high quality and safe support for people was sustained.

The registered manager told us that they were also well supported by their manager and the wider organisation to understand and met their formal registered manager responsibilities. This ensured that all legal requirements of the service, including submission of CQC statutory notifications, duty of candour obligations and other sharing of required information with other agencies related to the service, were met and carried out as expected.

The registered manager promoted partnership working with agencies such as the local authority care management and safeguarding teams. A health and social care professional told us that the registered manager facilitated this approach well, sharing information and advice in a timely and open manner to put in place the best support for people.