United Response

Laura House

Inspection report

Laura House
Belmont Terrace
Totnes
Devon
TQ9 5QB

Tel: 01803866541

Date of inspection visit:
25 June 2018
26 June 2018

Date of publication:
17 August 2018

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 was the first inspection for the service under the provider United Response, since their registration on 27 June 2017. United Response is a nationwide provider of support for people with learning disabilities. Laura House was previously registered under another provider at the same location.

Laura House is registered to accommodate up to 16 people, in three separate houses and a flat, set within one purpose built building. The service provides accommodation and care to people living with learning disabilities, many of whom also have complex physical disabilities. At the time of our inspection there were 13 people living across the houses within the building.

This inspection took place on 25 June 2018, and was unannounced.

The service has a registered manager. 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.

Laura House had a clearly developed, empowering, person centred and open culture, with a clear set of values, ethos and clear lines of management. Innovative systems were in use and being developed to enable people to have a meaningful say about the service, and the organisational values. The service had links with other local services providing support to people with learning disabilities. People were enabled to have a voice on local and wider national issues affecting people with learning disabilities and their rights were respected.

People living at Laura House had complex needs, including some physical ill health and long term health conditions, communication concerns, complex mobility and positioning needs, difficulties with eating, and significant learning disabilities. However when we spoke with the registered manager and members of staff it was clear the people being supported were not defined by their diagnosis or difficulties they faced. Staff consistently referred to people's strengths, personalities and achievements, and had a strong positive focus towards helping people maximise opportunities for a full and active life.

People being supported were put first by the organisation. Staff understood people's needs, and ensured their support plans (referred to at Laura House as working documents) were followed through. Working documents were extensive, including photographs and multi media formats to help staff understand people's complex communication, positioning or mobility needs.

Plans were just about to start for a full refurbishment and re-design of the building, in line with guidance on good practice, such as "Registering the Right Support". This would reduce the number of people living at the service, and separate one part of the building to become a completely separate supported living property.

The other self-contained houses would reduce to four people in each with en-suite accommodation. This would mean more spacious accommodation for people using complex moving and positioning equipment, as well as a smaller and more homely environment for people to live in.

Regular audits and assessments of the service showed they were performing at a high level and any areas needing attention or improvement were swiftly acted upon. There were regular staff meetings and staff received regular supervision and appraisal to monitor their performance. There were good systems in the home to support staff to develop new skills and make use of their existing ones, and reward outstanding achievement, voted for by people living at the service.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns. Staff had a clear focus on the people they were supporting, their rights and the opportunities to help them reach their potential maximise independence and choices. People were supported to make use of local facilities and services, and have regular involvement with the local community they lived in.

Risks to people were identified and plans were put in place to minimise these risks. For example, where people had health conditions such as epilepsy that could present risks there were clear and well understood protocols in place to guide staff as to actions they needed to take. Systems were in place to ensure any complaints or concerns were responded to and managed, including easy read documentation to support people's understanding.

People received their medicines safely as prescribed. Medicines were stored safely in each person's room, and records completed when people received their medicines. Records were kept when medicines were removed from the service when people went out. This meant it was possible to carry out a full audit trail of medicines prescribed to people.

People were supported by sufficient numbers of well trained and supported staff to meet their needs. Staff were very positive about the service and the people they supported. Staff recruitment systems were robust, and helped to ensure that people were not supported by staff who may be unsuitable to work with people.

Staff had a clear understanding of the Mental Capacity Act 2005 and had received training in its implementation. Where people lacked capacity to make an informed decision, staff acted in their best interests, and this was recorded. This had included creative input from relatives and other significant people involved in the person's care. Applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS) where necessary.

The service had a happy, positive and welcoming atmosphere. We saw staff were supportive, compassionate and caring in their relationships with people. People's communication needs were understood and supported, including people with sensory loss. People were involved in conversations and we saw staff celebrating people's day to day achievements with them.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the home as required by law.

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.

Laura House provided a safe environment where risks to people had been assessed and where action was consistently taken to reduce risks.

Risks to people's health or well-being were robustly assessed and managed.

Incidents were analysed to identify trends and prevent re-occurrences. Learning was shared with other services to promote good practice.

There were sufficient staff on duty, and staff were recruited safely.

People received their medicines safely.

Records were well maintained, clear and regularly updated.

Is the service effective?

Good

The service was effective.

Staff had the skills and support they needed to ensure people's individual care needs were met.

People received the healthcare support they needed.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005 and had received training in its implementation.

Where people lacked capacity to make an informed decision, staff acted in their best interests. Appropriate applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink to maintain their health. Where people had nutritional support

systems in place there was clear guidance about their maintenance and use.

The premises was about to undergo substantial re-modelling to meet the changing needs of the people living there. This would include reducing the registered numbers and providing each person with more space.

Is the service caring?

Good

The service was caring.

Staff had clear affection for and meaningful relationships with people they supported.

People's communication needs were understood.

People were valued for their contributions to the life of the service and their strengths and personalities, whatever the limits of their disabilities.

The service had a busy, purposeful and welcoming atmosphere.

People were treated with dignity and respect for their individuality

Is the service responsive?

Good

Staff understood people's needs, were thoughtful and reflective about the care they gave people and ensured their detailed care plans including personal aspirations were met.

The service was developing ways to ensure people with severe and multiple disabilities could have their wishes regarding their care acknowledged and included in their plans.

Staff were creative in developing ways to engage with people, and support them to access and be involved in the local community.

Equality was promoted, and staff did not define people by their diagnosis, focusing on the person rather than their disability.

People followed personalised activities that met their choices and interests.

Systems were in place to ensure complaints were responded to and managed.

No-one at the service was receiving end of life care.

Is the service well-led?

Good

People were at the heart of the service, and strong, visible leadership and governance ensured high quality, person centred and progressive care and support to people.

Innovative systems were in place and being developed to encourage people to be involved in both local and wider issues for people with learning disabilities and make their 'voices heard'.

There were clear and well organised systems in place to ensure people received high quality, safe care and support.

The provider and registered manager sought feedback from people, relatives, staff and healthcare professionals in order to improve the service. This was linked to developments the service was undertaking to offer people opportunities to communicate their feelings through multimedia resources.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the home as required by law.

Laura House

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 was 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 25 June 2018 and was unannounced. The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of supporting or caring for someone with learning disabilities and complex needs.

People at the service were living with complex needs, and for some people this meant they did not communicate verbally, or had limited verbal skills. For this reason we were not always able to directly speak with everyone about their experiences. We spent time observing relationships and contacts people had. We also spoke with and spent time with people throughout the day and across the individual houses. We used the short observational framework for inspection (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the service.

Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider and registered manager to give some key information about the service, what the service did well and improvements they planned to make. We also looked at other information we held about the service, such as information about specific events they were required to send us.

During the inspection we looked at the support plans for four people living at the service, and sampled others. We spoke with or spent time with eight people living at the service, six members of care support staff, two team leaders, the registered manager, the regional manager and a training manager who was delivering training at the service. We also contacted two people's relatives by telephone to discuss their support.

Following the inspection we also received additional documentation from the service. We looked at records

in relation to the operation of the service, such as risk assessments, care plans (known at the service as working documents), policies and procedures and staffing files, and looked around the building and garden.

Good

Is the service safe?

Our findings

People were kept safe because the provider had ensured systems were in place to help protect people from abuse. A person living at the home told us they felt safe, and we saw people being confident and comfortable around staff. Staff had received training in safeguarding people, and told us they would feel confident in raising any concerns as they knew they would be addressed. The service had themselves raised safeguarding concerns, including a recent incident where a person had been injured whilst being supported to move. This was under investigation by an external agency at the time of the inspection.

Information about external agencies to contact in case of a safeguarding concern was available in the service for staff reference. Staff had a good understanding of how people might express any unhappiness through changes in their behaviour, gestures or facial expressions. This was recorded in their support plans, referred to by the service as 'working documents'. For example a staff member told us a person had been distressed the night before the inspection. The staff member told us they knew the person had a very high pain threshold, so was likely to be in a lot of pain before showing this. They had escalated this to senior staff to ensure the person received additional pain relief.

Any incidents or accidents were assessed and analysed to ensure any learning was taken to prevent a re-occurrence. For example following a previous incident new documentation was put in place. The person had also received a full medical assessment which had identified additional health needs in relation to their bone health. The registered manager told us "We learn from what we do. We change what we are doing if it's not working."

Risks to people were reduced because staff understood people's health and welfare needs and what actions they needed to take to keep people safe. For example, people living at Laura House had a range of learning and physical disabilities, some of which were complex. Where people were living with long term health conditions clear plans were in place to reduce risks. Several people living at Laura House were living with a long term health condition which could lead to them having seizures. There were clear protocols for staff to follow in case of a seizure for each person, detailing types of seizures they experienced, and including when staff would need to summon emergency medical assistance or administer emergency medicines. We spoke with a staff member about this. They had received appropriate training and understood how the person's condition affected them and when to escalate concerns. For another person there was detailed guidance, including photographs of how to support one person safely with their artificial feeding system.

People were kept safe because the service identified potential risks and put in place support to reduce or mitigate risks to the person. Some people had complex moving and positioning needs. Overhead hoists were in place in people's rooms and in areas where people were supported to bathe or use toilet facilities. Pictures and detailed plans of how to use the person's slings were clearly identified on their wall. People's working documents had clear plans for their support, including pictures and photographs, for example of how people's sleep positioning systems were to be used to maintain their comfort and health. A number of people used electric wheelchairs, and there were risk assessments for using these both at Laura House and in the community.

Actions had been taken where risks were identified in the environment, for example all radiators had low surface temperatures to reduce the risks of people coming into contact with a hot surface, and window openings were restricted. Risk assessments and action plans covered all areas of the running of the home, such as the management of clinical waste. During the inspection we identified the supply of hot water to a bathroom wash hand basin was at a temperature above the recommended level. Immediate action was taken to address this, and no-one living at the service would have used this facility unsupported by staff. Whilst we were at the service engineers came to service boilers. The lift and hoists were on maintenance contracts to ensure their continuing safety.

Information was available for staff about what to do in an emergency, including the availability of on call senior staff. Regular fire precaution checks were undertaken, including evacuation procedures, and each person had a personal evacuation plan. Emergency evacuation equipment was also available. Assessments and policies were in place to ensure the service was kept clean and to reduce the risks of infections.

There were enough staff to support people. Laura House had an individual staffing allocation for each area of the service, and for most people the need for one to one staffing hours during the day. For example one person living in the single person flat had an allocation of 15 staff hours during the day to meet their support needs. We saw this was followed. There were sufficient staff available to support people on the day of our visit to ensure people could follow their chosen day activities. People had designated key workers who they had been involved in choosing where their preferences could be known. For example we saw one person greeting their key worker with smiles and laughter. The staff member told us they usually worked with this person and had built up a special bond with them.

Safe systems were in place for the recruitment of staff. We looked at two staff files which showed us a full recruitment process had been followed, including disclosure and barring service (police) checks having been undertaken. Recruitment was in line with good equality practice and staff were supported with regular assessments of known risks for example for staff who were pregnant. Staffing levels had been achieved through some use of agency staff. Agency staff used were regular staff who knew people and the service. One confirmed to us that when they had started working at the service they had carried out a shadow shift and been allocated time to read people's working documents. This helped to ensure they knew people's needs and risks concerning their care before they started supporting them.

People received their medicines safely and as prescribed. Medicines were regularly audited, and any errors, such as a medicine not being signed for was highlighted to the staff member concerned. The service had provided medicine cupboards to be kept in each person's room, so their medicines could be kept safely near the person. Where people had emergency medicines, to be available at any time we saw they were signed in and out of the service so there was a clear audit trail. One person was able to tell us they took their medicines, which were given on time.

Records were well maintained, clear and detailed. Records were maintained in hard copy and some on computers, which were password protected to maintain confidentiality. Hard copy records were maintained securely in the service's office and could be destroyed when no longer needed. People's working documents were located in their rooms.

Good

Is the service effective?

Our findings

People were supported by staff who knew them well and could meet their needs. Throughout the inspection we saw staff interacting well with people, supporting them to engage with activities and their environment. We saw staff communicating effectively with people, supporting them to eat, taking part in activities and respecting their wishes.

Discussions with staff indicated they understood the support people needed, their communication needs and any lifestyle choices or needs regarding their healthcare. Staff received regular training as a part of their role, including training specific to the needs of people living at Laura House. Discussions with the area training manager, who had been delivering moving and positioning training at the service on the day of the inspection, showed a clear understanding of the different learning needs and styles of staff. They were new in post but were considering different strategies to address this. Training included positive behavioural support practice and principles and specialist training for example in epilepsy was delivered by a specialist provider. Staff members told us they had "lots of training" at Laura House, and if they felt they needed additional training or refresher training this could be provided.

Staff received the support they needed to carry out their role. Training was embedded through supervision, where staff had the opportunity to spend time one to one with a senior person looking at their performance and any issues such as personal development needed. Staff told us they worked well as a team. Staff completed the Care Certificate, which is a nationally recognised award in relation to care staff induction practice.

We spoke with the registered manager about one person working at the service who is a registered nurse, and was described as 'the nurse' in some records. Laura House is not registered to provide nursing care to people, which would be accessed through the community nursing team if needed. We also spoke with the nurse who was clear about the limits of their role working at Laura House, in that they were not allowed to practice as a nurse, offer nursing skills or direct people's care.

We recommended the service ensures the person's job description and their job role explicitly does not lead to them carrying out nursing tasks.

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.

Staff had a good understanding of the MCA in practice and had received training in the principles of the Act. People were involved in making decisions about their day to day lives. Where people lacked capacity to make a specific decision staff were aware of the need to make a 'best interests decision' and of how they would need to record this. For example a concern had been raised over a person who liked to wear a

'onesie' style outfit to bed. The person was not able to consent to this verbally, and concerns had been expressed this might restrict the person's movement at night. The person's family were involved, who confirmed this was what the person had always chosen to wear and the service carried out a study to offer the person a choice of more conventional nightwear each evening to see which they selected. This helped evidence that as far as possible the person's 'voice' was heard before making decisions in their 'best interests'.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw that appropriate applications had been made to local authorities to deprive people of their liberty. These had not yet been granted, but this was due to an administrative backlog at the local authority.

People were supported to eat a good diet to maintain their health. This included some people who were supported by an artificial feeding system, and prescribed liquid supplements. We saw efforts were made, with the support of the Speech and Language Therapy Service (SALT) to support people to continue to eat when safe to do so. For example one person had an artificial feeding system in place, but the person was also encouraged to eat meals and take drinks by mouth when they felt able and wished to do so, following strict SALT guidelines. The person's weight and general health had improved since the artificial feeding system had been in place. Other people had access to adapted cutlery or glasses to improve their independence with eating. People were offered support discreetly.

People received good healthcare support, and the service worked well with other agencies. A recent healthcare audit had been carried out for each person, and people had hospital passports in place to ensure for example their communication or mobility needs could be understood if people needed urgent hospital care. Files also contained copies of health action plans for each person, and evidence of dental or optical care appointments, which could be provided in the service. People had support from physiotherapy services, and the service had good links with local GPs. On the inspection we saw one person went to the GP surgery for a review of a skin problem. Annual health checks included specialist tools aimed at supporting people with learning disabilities and ensuring non-verbal communication could be understood.

Laura House is a purpose built building, offering accommodation in two six bed 'houses', a flat for single occupancy and a semi-independent house for people supporting greater independence. Each of these houses had their own kitchen, lounge and dining areas and were substantially self-contained. Some outdoor and garden areas were shared. Plans were in place for significant changes to the accommodation to better meet the needs of people living in the house, best practice documents such as "Registering the Right Support" and future commissioning requirements. Plans were due to start within a few weeks of the inspection to separate the semi-independent living accommodation to provide a totally separate supported living service. Following that each of the six bed houses would be reduced to four beds, to include further space for people to move about with complex equipment and provide en-suite facilities. Doorways would be widened to allow easier access for larger powered and extended wheelchairs. This would result in an overall decrease in the registered numbers, but mean the service is better able to meet people's needs in smaller, more family sized units.

On the inspection we found the environment was looking tired and in need of redecoration. We were told this would be addressed as part of the re-development of the service. Lounges had suitable furnishings to meet people's seating needs, and there was a sensory garden to the front of the building, which was a bright and attractive space for people to sit in. There was level access around the building and a full passenger lift

to access lower floors.

Good

Is the service caring?

Our findings

People living at Laura House had complex needs, including some physical ill health and long term health conditions, communication concerns, complex mobility and positioning needs, difficulties with eating, and significant learning disabilities. However when we spoke with the registered manager and members of staff it was clear the people being supported were not defined by their diagnosis or difficulties they faced. Staff consistently referred to people's strengths, personalities and achievements, and had a strong positive focus towards helping people maximise opportunities for a full and active life.

Laura House had a positive and welcoming atmosphere. People were busy and engaged throughout the day, but were happy to be involved in the inspection process and meet new people. We spent time with people from each house throughout the day, and shared a meal with people living in House One. One person told us the staff were "caring and chat and are kind and friendly". They also said they were "old boilers" which they told us meant they had been there a long time.

People were treated with respect, and were spoken to and written about in a respectful manner. We found people's privacy was maintained. However we also identified an instance where an intercom system used to support people with epilepsy had not been switched off when the person was receiving personal care. This meant the communication from staff to the person being supported could be overheard in the communal dining area. Although none of this revealed confidential information about the person it could have infringed their privacy and was commented upon by another person living at the service. This was immediately remedied.

We saw people engaging with staff and each other, planning activities and asking about their day. Where people were not able to contribute verbally, we saw they were involved in all the activities on offer, and consulted over what they wanted to do. We saw people laughing and smiling with staff; staff demonstrated caring towards people and people had meaningful, positive relationships with staff and other people. For example, we saw one person was due to move to another service the day following the inspection to live nearer relatives. Staff spent time supporting the person to pack and discuss their feelings about 'moving on'. That evening the person had chosen to have an evening in house three with a few male friends. They wanted a takeaway, and to watch the football together, which was provided for them to have a positive leaving experience. A relative said their relation "thought the world of" a member of staff who supported them.

Staff celebrated people's achievements with them throughout the day, whether it be from eating part of a meal unaided, to playing a musical instrument or throwing a ball. We were told about one person who had recently been supported to visit a local bar. The person had for the first time stood up at the bar themselves and pointed at what they wanted to drink, which had been a huge advance in their independence. This had caused great pleasure to the staff member and the person themselves. The registered manager told us a focus for the service was "We see potential in everyone- we say 'dare to dream'." A staff member told us the service was "quite refreshing. It's a lovely home and everyone is approachable" and another said "I love working here."

One person had recently lost a family member who they had been very close to. They talked a lot to staff about this person and we saw in their file they had visited a place special to them with staff to remember their relation in ways that had meaning to them.

Laura House is situated in a residential area of Totnes, close to local facilities and services which people used on a regular basis. People had a good involvement with the local community using local shops, bars and cafes. Staff told us of their recent upset when people's rights to use a local facility had not been respected. Staff told us they were considering taking this instance of discrimination further to help uphold people's rights. We heard and saw photographs of other instances of more positive support, for example when people had been supported to assist local homeowners in clearing snow in the spring, as part of a community activity, and how much this had been enjoyed by people.

Staff were respectful this was people's own home. Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. They understood how people liked to engage with others. Some information in the service was available in an easy read or pictorial format. This included for example some policies or care documents such as the health action plans. People's plans contained information on how to meet people's individual communication needs. This included interpretation of behaviour and expressions. Staff involved people in all conversations, and people were involved in gentle teasing of staff at the staff expense which they found funny. We saw people being appropriately physically affectionate with staff and each other at times. There were regular meetings for people living at the service to hear about any changes being made and raise any changes they would like. Where people's ability to understand and absorb complex ideas was limited, we heard how communication with them should be broken down into simpler concepts they could more easily understand.

People's bedrooms were personalised with their artwork, hobbies and interests. One person's room had a brightly decorated ceiling, which helped to disguise the overhead hoist when they were looking up from their bed. A sensory area was being developed in the lower ground floor area. This would provide a place where people could go for some quiet time. Some equipment was already in place, pending changes to the building.

Good

Is the service responsive?

Our findings

Laura House recognised the individuality of each person regardless of their level of disability or the support they needed. People received individualised and well thought out support, based on an assessment and knowledge of their needs and wishes. This was then included in a plan of their care. Innovative ways were sought to involve people with their care.

The service had taken an innovative and creative approach to care planning and development. Each person had person centred care planning documents, split into a health action plan file, an epilepsy file (if appropriate) and working policies and risk assessment plans. People's working documents were comprehensive, containing photographs of for example, how staff were to support the person with sitting, lying in bed, moving in their hoist sling and getting in the bath. Staff had also created a DVD of the person being supported in these areas and this could be used to induct new staff. This helped ensure the person's mobility needs were met consistently by all staff who came into contact with them. Where people had communication difficulties, their emotional reactions, for example facial expressions showing pleasure or agreement were also photographed and detailed in each file. Multimedia systems had been used to set up personalised support plans for each person, for example with attending hydrotherapy sessions. These plans contained video information about how staff should support people, including the items that needed to be packed in their bag, how they were supported to move and how they were supported in the water. There was video footage and information about how the person reacted to different emotions in order to assess whether they wanted to go into the water or not and whether they were enjoying being in the water. A relative told us how much their relation enjoyed swimming and hydrotherapy and were very pleased it was a part of their care programme.

Each staff member completed an individualised Induction pack to support each person, and would not work with the person unsupervised until this had been completed. This helped ensure each staff member understood the person's up to date needs and any risks about their care. Assessments were regularly carried out of people's healthcare and support needs. We heard how one person had improved considerably since being at Laura House. A physiotherapist had fed back to the service how astonished they had been at the improvements in the person's physical health, mobility and well-being. Staff told us "we never give up – people never cease to amaze us." A relative told us "I think he's having a whale of a time there. He's loving it" and "he is so much better since he's been there."

Files also contained a great deal of information about people's choices about their daily life and we saw these were respected. People's wishes and choices were respected. For example one person told us they had help showering and that they could choose what they wanted, either a bath or a shower, but they preferred a shower. Plans contained information about maximising the person's well-being, for example through encouraging healthy eating choices and included people's own goals where known. Plans detailed preferred routines, for example one person's plan showed they liked to be woken and have a drink in bed and listen to some music before they got up. We saw this happened.

The service was further developing their working documents to ensure as far as possible they reflected

people's views. In the service's PIR the registered manager told us " We also have two individuals who live here, who will be part of a pilot of a new programme within United Response. This will be based around Person Centred approaches, and the idea is to document a video foot print of an individual's life. This can then be used to show peoples progress and achievements when they transition through adulthood. Relevant MCA have already been completed for the individuals who wish to be involved. We hope this will start within the next 6 months."

Each person's working documents were regularly updated and care review meetings took place. People and their relatives were involved in these meetings alongside staff and specialist healthcare professionals. Input from people who know the person best was listened to and the skills and knowledge of carers and relatives were respected. For example, the majority of people living at Laura House did not communicate verbally, but through a subtle vocabulary of body language and noises. A parent of one of the people who lives at the service was a healthcare professional. They began offering training in intensive interaction to the staff who directly supported their relation when they first came to live there, as this had been something they had previously found of positive benefit to their relation. They now deliver a generalised introduction to intensive interaction for all new staff at the service, alongside a specific training for staff working with their relation. This was valued by the service who have developed plans to extend this to provide a multi-media intensive interaction plan for each person within the next 12 months. A relative told us they were kept up to date of their relation's progress. They told us how staff called to update them about the person doing well, "just to let you know what he has been dong" as well as if there was any concern.

Specific care plans were in place to support health conditions. For example, some people were living with epilepsy. Each person had their own individual epilepsy plans which had been created in consultation with the local epilepsy nurses and medical specialists. Plans detailed individual triggers for people where these were known. For example for one person becoming constipated was a trigger, so the person was supported and monitored to ensure they had regular bowel movements. Plans also covered how to support the person following the seizure, and when to call for medical support or review.

People's care plans contained detailed information about their specific needs, personal preferences, preferred routines, personalities, abilities, and how staff should minimise any risks while still allowing people to lead full and active lives. The service's philosophy of care was based on principles of positive behavioural support, and developing people's potential and confidence. Guidance was provided for staff which ensured they fully understood people's needs and helped ensure people were supported in a consistent manner. A relative told us about how the service had developed a specific area of the service just for their relation. This had been decorated to the person's taste and ensured they had opportunities for private personal space, and individualised staffing arrangements with people they got on well with. They spoke about how the person had improved, and was calmer and happier than where they had lived previously.

People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, and each person's support plan contained details of how they communicated and how staff should communicate with them. Staff demonstrated they knew how best to communicate with people. For example one person was registered blind, along with a significant learning disability. We saw staff supporting the person through touch, speaking with them gently and giving clear explanations. They took time to ensure the person was involved in what was going on, so they were not isolated through their impairment. Staff showed us a wind chime set up outside one person's room. They told us they always knocked but also touched the wind chime before

they entered the room to make a noise so the person knew they were coming in.

People living at Laura House followed their own choices around activities. Staff told us there was a lot of one to one activity at the service, "very person centred" rather than group activities and staff rotas are adjusted to ensure there are sufficient staff on duty at the correct times to allow people to follow their chosen activities. The service was active and busy, with people coming and going throughout the day. Everyone living at Laura House would need some support to go out, whether it be through staff going with them or accessing transport services. People told us about the activities they enjoyed, which included recycling and shredding, arts and crafts, swimming, cooking, yoga, horse riding, karaoke and music, going out for meals and to cafes and shopping. One person told us they liked Status Quo and had been to see them at Powderham castle. Other people were discussing plans for a holiday with staff.

Two people living at Laura House were supported by the education team from United Response to take part in education activities four days a week. This included supporting them to develop daily life skills, learn about accessing appointments such as for healthcare, and cooking meals. They were also planning to take a holiday with their peer group, supported by the education team.

Investment was taking place in reviewing whether people would benefit from assistive technology. Some people living at the service used tablet computers, and alarms to alert staff, or call for assistance. The registered manager told us the service worked with other agencies in developing best practice and a better understanding of people. The registered manager told us "United Response Devon & Wellbeing Cornwall will be piloting the pyka_walk platform this summer. The app allows users to create their own interactive audio-visual story world. The pyka team will act as "Technologists in Residence" to facilitate the project and provide training to key members of staff so that this experience can be offered to more people in the future. The project will culminate in an open exhibition and sharing event across the region.

The service supported people to have an active role in the local community, was outward facing and ensured people were able to keep in contact with family and friends. There had been a weekly art group at Laura House for over 10 years, facilitated by a staff member. Within the last year people at Laura House had been involved in exhibiting their art work in a local gallery. While visiting their gallery exhibition, the people living at Laura House were inspired to set up their usual group meeting and paint amongst their exhibits. Members of the public came in and some joined in with people creating new artworks, while others watched. Some of the Laura House artists knew members of the public from previous day services or through family and friends. There was a market on, on one day of the exhibition, so the Laura House artists could watch the hustle and bustle out in the market square while they created. The registered manager told us "The Laura House art group felt very part of the community and were excited to share their stories with any visitor of the exhibition. United response have a grant funding called 'small sparks' – they grant money to any project that help people we support to feel part of their community."

Systems were in place to support people to raise concerns about the service if they wished. An easy read complaints process was available for people to use and staff told us they were sometimes reliant on being able to interpret the person's behaviour to identify if they were unhappy about something. We saw documentary evidence of how the service responded to any concerns, including actions taken. All results of feedback or concerns about the service were shared amongst the staff team to ensure any improvements needed were embedded into practice.

At the time of the inspection no-one was receiving end of life care. However consideration had been given to supporting people near the end of their life, including the level of medical intervention people would want, or where people would want to be at that time. When speaking with us about people who had passed away

we saw staff commitment to ensure this was sensitively handled, dignified and in line with people's wishes. Some people's files contained treatment escalation plans (TEP), where limits of treatment had been clarified in case of a sudden deterioration in their health. These had been agreed with medical staff, families and others who knew people well, to reflect the person's best interests. For example one person's TEP said the person's family wanted them to have 'rescue breaths' only rather than full cardio-pulmonary resuscitation, as the person was physically very frail. This was reflective of decisions made in the person's best interests.

Good

Is the service well-led?

Our findings

We found Laura House was well led; People were at the heart of the service and the leadership and governance of the service ensured high quality, person centred and progressive care and support to people.

We saw Laura House had an open and supportive culture, learned from any incidents to improve their practice and had the needs of the people being supported very much at their heart. Each day revolved around the needs and wishes of the people living there. The service had well-structured management and clear processes for quality assurance and improvement. Laura House had a clear pathway for development and supporting people's needs into the future, and staff development was encouraged.

United Response has a series of organisational values, namely creative, strong, honest, responsive, and united. We saw these principles being operated in practice through staff and management behaviours. The organisation was also undertaking further work to help them understand "What do these values mean to the people we support?" The registered manager told us the service was exploring this through a series of workshops to enable people to express their views using creative media, such as photo, film and animation. When finished, the individual contributions will then be edited together to produce a 'showcase of ideas' around these values and to enable people to explore their interpretations through creative art work. Future work also included using story telling within workshops for people with severe/profound intellectual disabilities. Families and people's 'circle of support' will also be included in this project. This demonstrated the service were taking every opportunity to make their values meaningful and reflect people's experiences in practice.

People living at Laura House were involved in "Your Voice, Your way", 'Hidden voices' and "little big ones" meetings at the service. These looked at issues both within the home and wider community that restricted people's rights or could be changed to make their lives easier. These fed into a larger group meeting within United Response called "The Big One." This information was used to develop an action plan about how to address problems and contribute to making real changes to improve people's lives. Information gathered was being used locally to feed into the Devon Learning Disability Partnership Board and Living Well in Devon review. This helped to ensure people's voices could be heard to improve the lives of people with learning disabilities across Devon. Issues raised by people living at Laura House included buses not coming close enough to the curb, difficulties with trains and financial issues.

People's views about Laura House were gathered through a process that had been developed by the service to meet people's needs. The service had been using a system which revolved around recording signs of people's well-being over a week. But this had been found to be too heavily influenced by other outside factors, such as epilepsy activity or fluctuating health. The staff team identified the need to assess the 'essence of a person's feeling' towards the services provided, and came up with the idea of 'wow moments'. The staff team was asked to capture and record anything that made them say 'WOW! that is a great achievement for that person!' The service as a part of the process also asked friends and family for their observations. This was recorded in the style of a map of the London Underground, where destinations were the 'wow moments' and other areas crossing gave clues as to what helped make people happy at the

service. Although 'work in progress' the service was already excited by the project.

The registered manager described the staff in their PIR as a 'reflective' team, and we saw evidence of this throughout the inspection. We saw staff within the service had prepared for the CQC inspection by reviewing the Key Lines of Enquiry which CQC uses to assist us in making our judgements, and had considered questions they wanted to ask the CQC about the standards. We saw evidence of discussions amongst the staff team over how to consistently support a person with a behaviour that was leading to negative attention. This was very detailed and showed the service and whole staff team really cared about the person they were supporting and wanted the most positive outcomes for them. An agency staff member told us "I like coming here, there's a nice atmosphere. The thing I most like is that it feels like it's their home. It's person centred, people get choices to do what they want when they want, like you would do at home." In their PIR the registered manager told us "Although we have merged with United Response we still have the ROC (Robert Owen Communities) awards annually. The last event was held in October of 2017 and one of our members of staff was shortlisted for the employee recognition award."

The service was forward thinking, aware of national initiatives and changes in legislation affecting services, for example General Data Protection Regulations. The service was aware of the changing needs of the people being supported, future commissioning strategies and best practice guidance, such as Registering the Right Support. As a result, plans were underway to completely redevelop the building. This would provide smaller more homely scale houses for no more than four people, with wider doorways to accommodate large powered wheelchairs, en-suite facilities and separate supported living accommodation. The interior of the property will be refurbished and redecorated and people had been involved in making decisions about their rooms and decor.

The service was involved in a number of projects to further develop the service in line with good practice. For example one project was looking at developments to implement intensive interaction principles with all of the people being supported. Intensive interaction is a person centred approach with people with learning disabilities who do not find it easy communicating or being social. It helps develop people's abilities to communicate and confidence to do so. Within the 12 months following the inspection they had a plan to ensure a team leader received specialist training to cascade to all staff, and to ensure every person was to have a multi-media intensive interaction plan in place.

Systems to monitor quality and safety were up to date and thorough. The service had regular audits and spot checks carried out by the provider organisation, which for example had included a recent Healthcare audit. This had looked at the healthcare needs of people, adaptations of the physical environment, equipment, risks to people such as from choking and when any healthcare reviews were due. Recommendations made at the last audit carried out between March and May 2018 had been met. For example it was recommended information be gathered on specific disabilities to support staff with understanding potential issues, risks and prognosis of certain conditions. This had been done. This told us the service's quality assurance systems ensured where improvements were needed clear and timely action plans were put in place to address these. The service had quarterly audits carried out by a manager without direct operational responsibility for the service. These allowed for a 'fresh pair of eyes' and ensured good practice could be shared across the organisation.

The service was a learning organisation. Regular staff meetings were held at the service, and these included opportunities for updating best practice. We saw the minutes of a recent staff meeting where a video had been used to prompt discussion about locked in syndrome and autism. This was then reflected to staff about using the information in the video to better support one person living at Laura House. This had led to discussion amongst the staff group, reflection on the services provided and ensuring consistency of

approach. A sensory room where people could spend time relaxing away from others was

There was a clear management structure which staff understood, and we saw evidence of visits from senior managers from within the provider organisation to the service. This helped give 'visible leadership' and establish links at all levels within the organisation, as well as ensuring senior management and board level staff were aware of and kept in touch with issues staff and people faced in their daily lives. Staff were enthusiastic and positive about the home and the people living there. They took pride in the home and how people were supported and the opportunities they experienced. In their PIR the registered manager told us the organisation "are developing a career path framework, aimed at supporting staff to develop within their career. The management team at LH believe it is important to facilitate progression and always encourage staff to climb the ladder, where they show an interest. We also believe an important part of progression is not necessarily about getting the promotion, but what you learn along the way."

Notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.