

Aitch Care Homes (London) Limited

Winchester House

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 inspected this home on 17 October 2017. This was an unannounced inspection.

Winchester House is one of several small homes owned by Aitch Care Homes (London) Limited. The home provides care for up to 12 people with a learning disability. Winchester House is located in a quiet residential area, with access to local shops, public transport and facilities nearby. All bedrooms have en suite facilities. At the time of our visit, 12 people lived in the home. People who lived in the home had autism, epilepsy, PICA (Pica is an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value, such as hair, dirt, and plastic) and different levels of communication difficulties.

At the last inspection, on 17 November 2015, the service had an overall rating of Good but Required Improvement in Effective domain because the provider had failed to adequately train staff to provide care and support to meet people's assessed care needs. This was a breach of Regulation 18 (2) (a).

The provider sent us an action plan on 01 February 2016 which, showed they planned to make the changes and meet regulations by 02 March 2016.

At this inspection, we found the service had remained Good.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

There was a manager at the home. The manager took up this position about four weeks prior to our visit and was undergoing registration with the commission when we visited the home. 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.

Effective recruitment processes were in place and followed by the manager. Staff had the opportunity to discuss their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

People were protected against the risk of abuse. We observed that people felt safe in the home. Staff recognised the signs of abuse or neglect and what to look out for. Both the manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place. This was to identify and reduce risks that may be involved when

meeting people's needs such as inability to verbally communicate, which could lead to behaviour that challenges and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. People had good access to health and social care professionals when required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

People's care plans contained information about their personal preferences and focussed on individual needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

People were supported to eat nutritious foods and staff had worked hard to give support with weight gain or reduction when required.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The manager understood the requirements of their on-going registration with the Commission.

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.

Staff were knowledgeable about appropriate procedures to safeguard people from risks of abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

People lived in a safely maintained environment.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs, and these were updated through attendance at training courses.

Staff received supervision and annual appraisal from their manager to ensure they had the support to meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People's nutritional needs were being met.

People's healthcare needs were being met by the staff and they were supported to access healthcare professionals as needed.

Is the service caring?

Good ●

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

People's privacy was respected and staff gave people space

when they wanted some time on their own.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People and their relatives were involved in decisions regarding their care and support needs.

The provider had a complaints procedure, which was understood by the manager and staff.

Is the service well-led?

Good ●

The service was well led.

The home had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

Winchester 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 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 17 October 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services. They had worked with people who have a dual diagnosis of learning disability and mental health and people with autism.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We also looked at information received from two anonymous whistle blowers. We used all this information to plan our inspection.

People were not always able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

People's ability to communicate was limited, so we were unable to talk with everyone. We spoke with one person with limited communication skills. Everyone in the home required one to one staff support at certain periods of the day because of their complex needs.

We spoke with two visiting relatives and two relatives on the phone. We spoke with three support workers, one senior support worker, the deputy manager, the manager and the visiting locality manager who was a representative of the provider. We also contacted external health and social care professionals to seek their

views but no responses were received.

We looked at the provider's records. These included three people's records, care plans, health care plans, risk assessments and daily care records. We looked at four staff files, a sample of audits, satisfaction surveys, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, risk assessment and staff rotas. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People were unable to verbally tell us about their experiences. However, we observed that people felt safe in the home and were at ease with staff.

We asked visiting relatives if people appeared safe when they visit. A relative said, "Mostly. I have had some concerns raised with new manager as my son is supposed to have 1:1 all the time due to his PICA and Epilepsy". Another said, "Staff appear very competent".

We received anonymous information that there had not been enough staff on shift in the home. During our inspection, we found that there were suitable and sufficient numbers of staff to care for people safely and meet their needs. There were three senior support workers and six support workers on shift when we arrived at 08.30. An additional staff arrived at 12noon, which increased the number of staffing to 10 staff. On the afternoon shift, there were eleven staff on shift and three wake night staff to attend to people's needs at night. Staff were flexible and there were often longer shifts than initially planned to cover any staff shortfalls. Staff spoken with said they felt there was enough staff around and they did not mind having to cover when needed. The manager showed us the staff duty rotas and explained how staff were allocated to each shift. The manager said, "Our staffing is worked out based on each person's funding from the local authority". The manager also told us that the roster is based on the needs of people; staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. The rotas showed there were sufficient staff on shift at all times including those on one to one support. We observed that there were sufficient staff on duty to meet people's needs, for example supporting people attending individually planned activities in the community and hospital appointments. The manager told us that they had requested a review of one person's needs following concerns raised by relatives that he requires 1-1 support. They also sent us confirmation of this request to the local authority care manager. The manager told us that in cases where a staff member phoned in sick, they used known agency staff to cover such shifts. This showed that arrangements were in place to ensure enough staff were made available at all times.

Safe recruitment processes continued to be in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. Staff were able to tell us what they would report and how they would do so. A member of staff spoken with said, "I would report to management first if I suspect any abuse. I can also go to CQC, social services and the police. Our job is making sure people are safe, free from harm, any form of abuse and their needs are met". Staff were aware

of the company's policies and procedures and felt that they would be supported to follow them. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Training files showed safeguarding training had been attended. There were notices displayed regarding abuse and how to report it, with contact numbers for the local authority safeguarding team and the Care Quality Commission (CQC). This information was also in pictorial format to assist people. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The provider also had information about whistleblowing on a notice board for people who used the service, and staff.

The provider had responded appropriately to allegations of abuse, working with the local safeguarding authority to investigate these and to keep people safe. They kept a log of all safeguarding alerts and how these had been responded to. There were appropriate procedures for supporting people with their finances and making sure there were checks on any money handled by the staff.

People continued to be protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that may challenge staff regarding service provision to people. As well as having a good understanding of people's behaviours, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. For example, one person who needed more support while in the community had plans in place such as 'one to one' support to help the staff keep them safe when out in the community. Staff demonstrated that they knew the support needs of the people at the home, and we observed support being delivered as planned.

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were aware of people's risk assessments and guidelines. These were to support people with identified needs that could put them at risk, such as when they become agitated. People had individual care plans that also contained risk assessments which identified risk to people's health, well-being and safety. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

Accident records were kept and audited monthly by the manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system. All incidents were documented using the ABC (Antecedent, Behaviour and Consequences) form. It was reported to the locality manager who would go through the form and also report it to higher management if need be. The ABC form is a tracking sheet which provides for behaviour monitoring, recording and tracking. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly.

People continued to receive their medicines in a safe way and as prescribed. Medicines were stored safely. The temperature of storage rooms and cabinets were checked daily. The staff responsible for administering medicines had been trained to do so. The registered manager observed medicines administration and checked staff competency in this area. There were clear procedures regarding medicines management and the staff had read and signed these. Each person had a medicines profile which described their needs, any allergies and included a recent photograph.

There was clear information about the storage and administration of homely remedies (non-prescribed medicines) and the GP had provided a list of appropriate homely remedies for each person. There were protocols for the use of PRN (as required) medicines describing when these should be administered and what the medicines were for. The medicine administration records were completed accurately and clearly.

There was a system of regular audit checks of medication administration records and regular checks of stock. The staff undertook daily tablet counts of boxed tablets and there were weekly audits of all medicines. Where people had been prescribed medicines which required specific monitoring, such as blood sugar levels, the staff were undertaking this monitoring and following guidance about the administration. The manager conducted a monthly audit of the medicine used. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

People continued to live in a safely maintained and clean environment. The staff undertook regular checks on the health and safety of the building, garden and vehicles. There was evidence of regular checks on all equipment, water temperatures, food storage temperatures, window restrictors and fire safety equipment. In addition, there were cleaning schedules and checks on infection control and cleanliness. Cleaning products were stored securely in locked cupboards. The senior staff carried out comprehensive monthly checks of the whole environment. Where issues were identified these had been recorded and action had been taken to resolve these. In addition to the checks by staff, there was evidence of checks by external organisations on fire safety, gas, electricity, water and equipment. There was an up to date fire risk assessments and individual personal evacuation plans for each person. These had been regularly reviewed and updated. The staff told us they had undertaken fire safety training, which involved learning how to evacuate people safely.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP). The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was recently reviewed. Fire equipment was checked weekly and emergency lighting monthly. Fire drills took place monthly and those present people staff recorded. Staff had completed a fire competency assessment.

There was a plan for staff to use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Is the service effective?

Our findings

At our last inspection on 17 November 2015, we found a breach of Regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to adequately train staff to provide care and support to meet peoples assessed care needs. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People were unable to verbally describe their experiences. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas. People seemed relaxed. We observed staff members responding to people's specific needs in a timely and responsive manner.

We asked visiting relatives if they felt staff were adequately trained. A relative said, "Yes, I would certainly say the senior staff are trained".

Staff had received induction training, which provided them with essential information about their duties and job roles. The manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff told us that they enjoyed their training, and it was 'in depth' and 'good quality'. An overview of the training matrix and staff certificates concluded that all staff were up to date with the provider's mandatory training, as well other specialised training which helped to assure that staff had a specific set of skills to support people at Winchester House. For example, all staff had been trained in PROACT-SCIPr. (PROACT-SCIPr means Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention). As some people could display behaviours that could be challenging, staff had received this specific behavioural management training. This type of training would enable staff to be able to identify triggers of behaviours that challenge and gave staff the skills to assess, prevent and manage such behaviour

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with learning disabilities. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. . Staff received refresher training in a variety of topics, which included equality and diversity, autism, health and safety, fire safety, safeguarding, diet and nutrition, MCA 2005 and epilepsy awareness.

Staff continued to be supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. Records

confirmed that supervision and annual appraisals had taken place. A member of staff also confirmed training needs were discussed as part of supervision and she could ask for training that would be of benefit to her in her role.

We received anonymous information that there was a 'lack of food for snacks for residents and staff just get low value products which does nothing for the service users'. We reviewed records and spoke with staff about these allegations. We found that people had access to nutritious food that met their needs. They had a choice of at least two different meals at dinner time and could ask for another option if they wished. A member of staff said, "We take their likes and dislikes into consideration when offering choices. We never buy 'Low value' foods. People go shopping with staff and choose items bought". We observed that people were supported to make cold and hot drinks when they wanted them. Staff showed us to the kitchen and we found that the kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. A pictorial food guide was on the notice board for people to understand healthy eating. Weights were regularly monitored to identify any weight gain or loss that may indicate a health concern.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. Staff told us that each person was supported to see their GP, chiropodist, optician, dentist or other health care professionals, including well men clinics. People were regularly seen by their treating team. Records for one person who had epilepsy had appropriate protocols in place concerning the administration of emergency medicines if the person had a prolonged seizure. Staff had also received specific training about how to support people with epilepsy. This meant that people's health needs in relation to their epilepsy were being monitored and managed. Health appointments were documented in people's care plans and there was evidence that the home worked closely with health and social care professionals to maintain and improve people's health and well-being.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. 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. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Care staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that were subject to DoLS. The Care Quality Commission

(CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People in the home were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The manager confirmed that if people were unable to consent to care and support, their preferences were discussed with everyone involved in their care and a best interest decision made. This demonstrated to us that before people received any care or treatment, they were asked for their consent and the provider acted in line with people's best interest.

Is the service caring?

Our findings

We asked visiting relatives if staff were caring and compassionate. A relative said, "They all seem to be. Staff genuinely care for everyone. Staff are quite good at keeping a calm atmosphere".

We observed that staff respected people's privacy and did not disturb them if they did not want to be disturbed. For example, one person who lived in the home was asked if they would not mind us observing staff administering their medicine and the person declined. This decision was respected. All bedrooms doors were closed. Staff knocked on doors before they entered. Staff treated people with dignity and respect. Staff showed compassion and interacted well with people.

The environment was well-designed and supported people's privacy and dignity. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. A member of staff said, "I make sure the doors are closed and ask them if they wanted support with care". We observed this practice during our inspection.

We found the staff team was committed to delivering a service that showed compassion and respect for people. Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in the manager's office, but were available to people and staff. We saw evidence that people were asked before information was shared with people.

Staff knew the people they were supporting well. They had good insight into people's interests and preferences and supported them to pursue these. The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form strong therapeutic relationships.

People continued to be supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

People and relatives were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people or their relatives. Support plans were personalised and showed people's preferences had been taken into account. We reviewed daily records of support which demonstrated that staff provided support as recommended in people's support plans during the day. The manager told us that if people's needs required more support during the night, then this would be provided.

The manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. Advocacy information was on the notice board for people in the home.

The service had a policy on maintaining confidentiality which confirmed that the sharing of information was restricted and only made available on a 'Need to know' basis. Staff told us they understood and respected people's right to confidentiality and confirmed maintaining confidentiality at all times was an important part of establishing a trusting relationship with the people they supported. The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately.

Is the service responsive?

Our findings

We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks.

Visiting relatives spoken with were satisfied with activities in the home. One relative said, "I think they are brilliant. [X] is out every day. Two days at the nursery, goes to skill net, packs sweet for hospitality, paid job re special needs blue sky job in the office, Saturday shopping and swimming".

There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. Staff provided a flexible approach to activities to meet people's needs. We observed that people were encouraged to pursue their interests and participate in activities that were important to them. Care plans contained information about people's level of independence for each task that they carried out and the level of support needed by staff. We observed staff supporting people around the home and they were firstly encouraging people to do things for themselves such as going to make a drink and then supporting them if they needed to rather than supporting them immediately. Staff asked people if they would like to do something such as go for a walk rather than telling them that they were going for a walk. People were supported to access leisure activities in the local community and to go on holidays. A relative said, "[X] has been on holiday to Butlins for a few days at Bognor. He also went to Bournemouth for three to four days holiday and enjoyed it".

The provider information return [PIR] completed by the provider and training record sent to us showed that all staff received training in Equality and Diversity and valued people as individuals. This was reflected in people's care plans and activities. We saw that some people were Christians and their faith was in practice as they wished. One person goes to the church regularly. This was confirmed by a relative who said, "[X] goes to church. We take him to church first Sunday of every month". This information was also in their care plan for staff.

There was evidence that people's needs continued to be assessed prior to admission and continually throughout their stay at the service. The manager would normally undertake a thorough assessment of people's needs before accepting them and a structured introduction would take place afterwards. Each person had an initial referral which included a full case history, as well as a pre-admission assessment. The assessment covered all medical, history, any challenging behaviour, and care needed to manage and safely support the person's needs. The assessment was used to determine whether or not the service could meet the person's needs, and if any specialised tools or professional's assistance would be required. This meant that people's needs were assessed in detail to ensure they could be safely supported at the service. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. Two people recently moved into the service and we saw that steps mentioned above were followed. This ensured that the staff were knowledgeable about people's individual needs from the onset.

People's care records were updated to reflect any changes in their needs. For example, people were

discharged from regular visits to the psychologist. This was changed in their care plan to 'as at when necessary' visits. A staff member told us, "One person's needs changed after they visited the GP. We reflected the changes in the care plan, medicine administration records and the rota in order to meet the person's needs". This ensured that staff had access to up to date information about people's changing needs.

The provider contacted other services that might be able to support them with meeting people's health needs. This included the local authority's mental health team and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The survey named 'My Opinion Survey' dated 09 November 2016 was in a user friendly easy read format and picture based. This enabled people who used the service with communication difficulties to understand what was asked. Everyone stated they were happy with service. 'Family/Carer's Views' showed that relatives were also happy with the service. A relative commented, 'There is no doubt [X] feels at home. It would be difficult to ask for more. [X] enjoys his activities and he is looking forward to his holiday. A positive and welcoming environment'. The completed questionnaires demonstrated that all people who used the service, families and those that worked with people were satisfied with the care and support provided.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display on the notice board in the home and this was also available in an easy read picture format to support the communication needs of people. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. Complaints were recorded in a complaints log. The manager told us that since they started at Winchester House, they had been meeting with families to listen to any concerns and act on it. For example, a relative informed us that they complained about their relative losing his ability to shave because there was no mirror in his bathroom. The manager had immediately bought a mirror and had it installed. Another example was from another relative who said, "I only complain about very small things. Like it could be good if the shaver point that was not functioning in the room could be fixed". We spoke to the manager and locality manager to find out if this had been fixed. The shaving point was tested and we found that this had been fixed. These demonstrated that the manager listens and acted on families concerns.

Is the service well-led?

Our findings

People were unable to verbally tell us about their experiences and if the home was well led. Our observation showed that people knew who the new manager was, they felt confident and comfortable to approach them. We observed people engaging the manager in a relaxed and comfortable manner in the office.

The management team at Winchester House included the new manager and the deputy manager. Support was provided to the manager by the locality manager, in order to support the home and the staff. The locality manager visited the home monthly or as and when necessary to support the manager and they supported the manager with the inspection. The manager oversaw the day to day management of the home. Both the manager and deputy manager knew each person by name and people knew them and were comfortable talking with them.

The management team encouraged a culture of openness and transparency. Part of their values included 'Compassionate Care'; We listen and respond with respect and show dignity to everyone that we support; this enables us to shape services that are person centred and which promote independence, empowerment and citizenship and include the use of 'positive behaviour support' for people whose behaviour can challenge. Staff demonstrated these values by enabling a person centred value as demonstrated in this report. Staff said, "I love it and enjoy working here, working with people". Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the manager was supportive to them. Staff told us that the manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. We observed this practice during our inspection.

Staff told us the morale was good with the new manager and that they were kept informed about matters that affected the home. Communication within the home was facilitated through monthly team and house meetings. We looked at minutes of October 2017 team meeting and saw that this provided a forum where areas such as DOLS/MCA, activities, family involvement, dignity and respect and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

We found that the manager understood the principles of good quality assurance and used these principles to critically review the home. The manager told us they were well supported by the locality manager who provided all the resources necessary to ensure the effective operation of the service. The manager completed monthly audits of all aspects of the service, such as medication, learning and development for staff. They used these audits to review the home. We found the audits routinely identified areas they could improve upon and the manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The provider told us that they had accreditation schemes with Skills for Care's National Minimum Data Set for Social Care (NMDS-SC), which is an online database which holds data on the adult social care workforce. The provider used this system to update information on staff training regularly. This helps authorities to plan resources for the local workforce and commissioning services.

The provider, manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the home.

The manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the new manager understood their legal obligations.