

The Drive Care Homes Limited

Glover House

Inspection report

Glover Road
Willesborough
Ashford
Kent
TN24 0RZ

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Website: www.drivecarehomes.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

The inspection took place on 10 May 2018 and was unannounced.

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

Glover House is registered to accommodate care and support for up to eight people. At the time of the inspection there were two people at the service.

The service did not have a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

The registered manager had left in March 2017. A new manager had been appointed and had started working at the service on 8 May 2018, two days before the inspection. They planned to register with the CQC as soon as possible.

At our last inspection in November 2017, the service was rated 'Inadequate' in all domains. We asked the registered person to take action. We imposed a condition on the provider's registration requiring them to undertake monthly audits of the service and send a monthly written report to the CQC regarding their findings.

The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches we found. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made.

At our last inspection we found that the care service had not been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should live as ordinary a life as any citizen and this was not happening.

People with learning disabilities and autism living at Glover House were now beginning to get the support they needed to live as ordinary a life as any citizen. People were receiving the support they needed to have choice and control of their lives. People were being supported by staff in the least restrictive way possible; the policies and systems in the service were changing to an empowering, inclusive culture. Restrictions had been reviewed. Doors were now unlocked so people could access all areas of the service freely and when they wanted to. People could go into the garden when they wanted to.

On the whole people's medicines were managed safely. People did receive their medicines when they needed them. However, during the inspection it was identified that a change in a person's medicines had not been followed up in a timely manner and the amount of the medicine to be given was not accurate according to the prescriber's instructions. This was identified before the person received an incorrect dose and immediate action was taken to resolve the issue.

The culture of staff was changing and staff were doing daily activities with people and not for them. Staff expectations of people's potential ability had changed. People were getting more opportunities to achieve and develop. Staff had received extra training and had regular supervisions and this had impacted positively in equipping them for their roles.

At the previous inspection it was identified that people, and others, were at risk of harm as staff did not support them to manage their behaviours safely. At this inspection improvements had been made. Physical intervention had been assessed but would only be used as the last resort. Since the last inspection staff had not used any restrictive physical intervention as it had not been needed.

Some people had one to one or two to one support. Staff no longer invaded people's personal space nor did they place themselves in doorways so people could not go in and out as they pleased. Staff now interacted with people a meaningful way, they sat on the floor with them doing puzzles, looking at pictures and choosing music. Risks were safely managed. People were supported and empowered to take risks and staff made sure that risks were minimised by having strategies and measures in place to allow people to develop and promote their independence. Staff now recognised, concerns or incidents or near misses. When things went wrong lessons were learnt.

Accidents and incidents were recorded and staff looked at ways to try and prevent their reoccurrence. The amount of accidents and incidents had reduced significantly since the last inspection. However, when some behavioural incidences had occurred they had not been fully analysed to look for trends and patterns and ways of reducing them. The new manager addressed this during the inspection.

At the last inspection the registered manager had not reported incidents to relevant authorities so they could be followed up or investigated. They had not informed the local safe guarding team of incidents of abuse. At this inspection no incidents had occurred that required reporting. Staff had received extra training in this area and now knew when to report to the relevant authorities. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The deputy manager had submitted notifications in an appropriate and timely manner and in line with guidance

No new people had moved to Glover House since the last inspection. There were procedures in place to assess people before they moved to the service. Each person had a care plan. The new manager had plans to involve people more in planning their care. Care and support now reflected current evidence-based guidance, standards and best practice. Personal goals and aspirations had been identified but were not yet recorded in care plans to ensure people and staff knew what they were and could work towards them consistently. The principles of person centred care were now being used and staff had more understanding about what this meant. End of life care plans were being developed and this had been identified as a shortfall in the provider's audits. Staff were working on these with input from relatives.

Staff had recently received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. They had a more in depth understanding about this legislation. Decisions were now made on people's behalf considering the least restrictive option. Best interest meetings were taking place when it was

necessary.

Staff sought advice when people were unwell. People had the food and drink they liked and were now involved in food shopping and food preparation. Activities had improved and expanded. People's everyday life skills were developing including cooking, cleaning and shopping.

There was a complaints procedure and action had been taken to resolve complaints. People were supported to air their views and opinions. The complaints procedure was in a format that people could understand. People were more involved in developing the service. People, relatives and staff had recently been asked their opinions about the service using surveys. These had not yet been analysed.

There were enough staff available to support people. Their skills and knowledge was improving to make sure people received the support and care that they needed. There were recruitment procedures in place and staff were recruited safely.

The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. The staff carried out regular environmental and health and safety checks to ensure that the environment was safe. The service was clean and well maintained. Staff understood about infection control and how to keep the risks of infection to a minimum.

The governance arrangements including the checks and audits had improved since the last inspection. Regular audits and checks were undertaken and if any shortfalls were identified then action was taken. The culture of the staff was changing. Staff were more positive and realised that people could do a lot more than they had previously expected. The provider now had oversight and input into what was happening at the service. They took timely action when shortfalls were identified. There had been improvements with developing relationships with other agencies like social services and specialist services that supported people with learning disabilities to improve their lives and achieve.

The provider had made the new manager fully aware of the shortfalls that had been identified previously. The new manager was enthusiastic and keen to take on their responsibilities to make sure improvements continued and were sustained. They had innovative ideas and plans about what they would do to make sure people received good care and support and live their lives to their full potential.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and on their website.

As this service is no longer rated as inadequate, it will be taken out of special measures. Although we acknowledge that this is an improving service, there are still areas which need to be addressed to ensure people's health, safety and well-being is protected. The condition on the registration will remain. We will continue to monitor Glover House to check that improvements continue and are sustained.

We found one new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

On the whole people received their medicine safely but improvements were needed when people's medicines changed.

People's behaviours were now managed safely..

People were protected from harm and abuse. Staff had not used restrictive physical interventions. Imposed restrictions had been reviewed.

Lessons had been learnt and improvements made when things had gone wrong.

There were enough staff on duty to give people support. Safe recruitment procedures were in place.

The service was clean and there were measures in place to prevent the spread of any infection. Safety checks had been regularly undertaken on the premises.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Care and support had begun to reflect current evidence-based guidance, standards and best practice.

Staff training and supervision was becoming effective in equipping staff for their roles.

Staff were clear about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. When decisions had been made on people's behalf staff had considered the least restrictive way of doing so and ensured it was in people's best interests.

There were improvements to the décor and design of the service to meet people's specific needs.

Staff consulted with other professionals regarding people's care and people were supported with their health care needs.

Requires Improvement ●

People were provided with a suitable range of food and drink and were now involved in shopping or preparing meals.

Is the service caring?

The service was caring.

People had more control of the environment. Communal areas of the service were accessible to people.

Communication skills were improving and developing for people who had difficulty communicating verbally. Staff had now received the appropriate guidance to engage with people in a meaningful way.

There were plans in place to increase people's independence.

People were more involved in developing their care plans.

There were kind, caring and meaningful interactions between staff and people.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

The care people received was more person centred. Goals and aspirations had been identified but not recorded. There was evidence that people's lives were improving.

Activities that were meaningful to people were developing. The skills of the staff to support and engage with people was improving.

Complaints were responded to in line with the provider's policies and procedures. Staff were listening more to people views.

The service was not currently supporting anyone at the end of their life. There had been some discussion about how people wanted to be supported at the end of their lives.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There was no registered manager in post. A new manager had just started work at the service.

The registered person had now taken the appropriate steps to

Requires Improvement ●

ensure they had oversight and scrutiny to monitor and support the service. Management and governance was becoming more effective.

There was a clear vision and strategies in place to promote a positive culture and deliver quality care and support. The service was more person centred, inclusive or empowering.

People were more involved in developing the service. Relatives and staff had been asked their opinions.

Systems for monitoring the quality of care provided were effective. Audits had identified shortfalls.

When incidents had occurred the Care Quality Commission (CQC) had been notified.

Glover 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 10 May 2018 and was unannounced. It was carried out by one inspector; this was because the service only provided support to a small number of people and it was decided that additional inspection staff would be intrusive to people's daily routines.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected six months ago and had previously received a PIR. Before the inspection we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law, like a death or a serious injury.

Before the inspection we spoke with the local authority safeguarding team. At the inspection we spoke with or spent time with two people. We spoke with the new manager, the deputy manager and the provider. We also spoke with three members of staff.

We looked to see if people's care needs were being met by reviewing their care records. We looked at two people's care plans and risk assessments. Some people could not talk to us so we spent time observing them and communicated using body language and signs. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their personal care, encouraging people to be involved with daily domestic duties and engaging people in activities.

We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance audits.

Is the service safe?

Our findings

People looked relaxed in the company of each other and the staff. People sat close to staff when they wanted to and appeared content. If people were unable to communicate using speech staff were able to recognise how people were feeling through behaviours and body language. People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. If people became concerned about anything staff spent time with them to try and find out what they were worried about. People said and indicated that they felt safe.

Visiting professionals reported that there had been improvements at the service. They told us that risks to people had been reduced and there had been improvements in how people's behaviours were managed. They said people were more involved and had more control over their lives.

On a day to day basis people's medicines were managed safely. However, at the inspection it was identified that when a person's medicine had been reviewed and changed by a doctor, the change in a person's medicine had not been followed up in a timely manner and in line with the prescriber's instructions. If this had not been identified at the inspection there was a risk that the person would have received the incorrect dose of their medicine which could have affected their well-being. The registered person took immediate action to make sure the correct amount of the medicine was prescribed and the person suffered no ill effects, but there was a delay in commencing the treatment.

The arrangements for managing medicines were not as safe as they should be. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely, the stock cupboards were clean and tidy, and were not overstocked. Temperature checks were done daily to ensure the safe storage of medicines.

Some people were given medicines on a 'when required basis' if they presented with a behaviour that was considered challenging or if they were experiencing pain. People were only given their 'when required' medicines for behaviours when they had needed it and as a last resort. There was written guidance for each person who needed 'when required medicines' in their care plan. If people were unable to verbally request pain relief medicine there was clear guidance for staff to follow to recognise the physical signs they may display. Some people required emergency medicine to help them recover from a seizure. Staff had attended training in how to administer the emergency medicine and records confirmed this. Staff said they were confident to give this type of medicine. When people went out their emergency medicines were taken as well and there were procedures in place to do this safely.

At the last inspection the registered persons had not made sure people were protected from abuse and improper treatment. Some people had been subject to restrictive physical intervention (RPI) or restraint. This had not been fully assessed as being necessary for people and not agreed in advance by people, their

relatives and supporting professionals. Recommended processes were not being followed and people were being placed as at risk of harm. At this inspection improvements had been made. For one person RPI was no longer required. Since our last visit there had been no incidences when RPI had been required or used. Staff had received further training and were supporting people to manage their behaviours in a more positive and constructive way that did not require any restraint.

In the event that staff had to use RPI there were step by step guidelines to show staff about the safe use of physical intervention. There was a description and photographs to show how to carry out the different levels of restraint and for how long the restraint should be used for and in what circumstances.

At the last inspection the registered person had not made sure people were protected from abuse and improper treatment. Since our last visit there had been no potential safeguarding incidents that needed to be reported to the local safeguarding team and the Care Quality Commission (CQC). Improvements had been made to make sure people were protected from all types of abuse. Staff had received extra training in what constitutes abuse and what action to take if they suspected abuse. The staff had an increased knowledge and knew what they had to do to keep people as safe as possible. When people had unexplained bruising accurate records and body maps were kept that explained how the bruising had occurred and where on the body the bruises were. Incidents involving behaviour that challenged had reduced significantly and were being monitored.

The provider, new manager and staff understood their responsibilities to report safety incidents and concerns. The deputy manager and provider had more oversight of incidents and near misses. When things went wrong and incidents occurred lessons were learnt about how improvements might be made to reduce the risk of re-occurrence.

People's finances were now fully protected. Accurate records and receipts were kept for when people went out in their own cars to activities or visit their families.

The risk assessments were in the process of being reviewed and updated. The least restrictive option was now in place to mitigate risks such as going into the kitchen. People were now in the kitchen and being supported to make their own meals. Risks were beginning to be managed more creatively so that people could take part in daily living activities and be empowered. People had more control and autonomy. This continued to be an area for on-going improvement and development.

Other risks were identified and mitigated. When people had physical health problems there was information in place about how to keep the risks to a minimum. For example, when people experienced seizures there was step by step guidance about the action staff had to take and when to call the emergency services

There was enough staff on duty, who were developing their skills to give people the support they needed. People were funded for either one to one or two to one support and this was provided. Staff observed people to make sure they were safe but they now gave them space to do what they wanted. We observed that staff engaged with people in meaningful way. They sat and laid down on the floor to engage and support people with activities

Staff were recruited safely. Potential new staff were interviewed before being offered the job, identification checks were carried out, references were obtained and staff completed Disclosure and Barring Service (DBS) checks to ensure that they were safe to work at the home. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

The service was clean and smelled fresh. Checks had been completed on equipment to make sure it was safe. There was a fire risk assessment and each person had a personal emergency evacuation plan (PEEP), in place to ensure they could be evacuated safely in case of an emergency. Staff understood the emergency procedure and explained how they would support people. Checks had been completed to ensure that water temperatures were at a safe level to prevent the risk of scalding.

Is the service effective?

Our findings

Staff told us they thought they received all the training they needed. They said since the last inspection they had more training and this had helped them change the way they supported people.

Prior to the previous inspection visiting professionals raised concerns about the competency of staff in supporting people with complex needs. Visiting professionals told us before this visit that they thought the staff culture was changing and the way staff were supporting people was improving.

At the previous inspection care and support did not reflect current best practice. At this visit improvements had been made. People were being supported to receive effective care that was delivered in line with current legislation, standards and evidence based-guidance. This included guidance from The National Institute for Health and Care Excellence (NICE). This guideline covers interventions and support for children, young people and adults with a learning disability and behaviour that challenges. It highlights the importance of understanding the cause of behaviour that challenges, and performing thorough assessments so that steps can be taken to help people change their behaviour and improve their quality of life.

Staff knowledge of best practice when supporting people with learning disabilities and behaviours that could challenge was developing. Staff skills to promote a good quality of life and positive outcomes for people had improved but further improvements were needed.

Staff we spoke with now told us about what people could do and what they had achieved. They told about how they supported people to develop and resolve issues. For example, previously one person had not been out shopping as it caused behavioural issues. At this inspection the staff had supported the person using different techniques and they had been into different shops in the local area. Staff now spoke about people doing things as opposed to not being able to. With support and direction from out-side agencies staff had started to use recognised best practice techniques, such as, person centred planning, active support and positive behaviour support. This was an area that needs continuous improvement.

No new people had moved into the service since the last inspection. The new manager told us that before anyone new moved to the service they would be thoroughly assessed to make sure the staff team would be able to meet their needs. They said that compatibility with the people already living at Glover House would be a priority.

At the last inspection there was a lack of suitably qualified, competent, skilled and experienced staff to meet people's needs. At this inspection some improvements had been made. Staff knowledge had improved about how to support people living with behaviours that challenged positively and staff were developing the skills to give effective, meaningful support.

Staff had received extra training in protecting people from abuse. This had been delivered by the local safe guarding team. Staff had also received active support training. This is a method of enabling people with

learning disabilities to engage more in their daily lives. Active Support changes the style of support from 'caring for' to 'working with'; it promotes independence and supports people to take an active part in their own lives. All staff had now received up to date training in restrictive physical intervention (Team Teach), records showed that staff had attended this training.

There had been no new staff employed since the last inspection. During an induction period staff had completed training related to people's needs including autism, challenging behaviour and person centred planning. The induction training had not yet been reviewed and updated to make sure new staff received a thorough introduction to the service and the people who lived so they could go on to support people effectively. The new manager told us that they would be reviewing this training to make sure all new staff were fully equipped for their roles. This was an area for improvement.

Staff practice was now more closely monitored and observed. Staff were now given feedback about how they might improve their support. Staff met regularly with a line manager and this was recorded. Observations were beginning to be used as part of the supervision process so that staff were observed and given feedback about their support. Observations had taken place with regards fire drills, shopping and activities with people and communication. The new manager had plans to develop this further. This is an area that needed further improvement.

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. Best interest meetings had been held when it was necessary.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were constantly supervised and were restricted and prevented from leaving. Due to people's needs their capacity to consent to the imposed restrictions was limited so the provider had applied for DoLS authorisations which had been agreed by the authorities who paid for people's care. The use of physical restraint was now being monitored to ensure it was safe and proportionate and part of a person centred support plan. Staff had a clearer understanding of the MCA and DoLS and were only making decisions on people's behalf when in their best interest and using the least restrictive option.

People were more involved in planning their meals, going food shopping, cooking or clearing away afterwards. Staff supported people to prepare the meals. Staff told us this was going well and people were more involved in normal daily activities.

People had the nutrition they needed. People were supported to eat a healthy diet. Some people had input from a dietician to support them to maintain a healthy weight. Healthy food choices were offered to people and they were able to decide what they wanted to eat. The dining room was no- longer locked and people could come and go as they pleased. They had choices about when and where they ate their meals.

The environment was no longer restrictive. People could now access the garden whenever they wanted as the front door was not locked. The space for activities had increased and a room that had previously been

locked was now being developed into a sensory room. People had the space to see their visitors in private if they wanted to. The provider had sought input from a company who worked with people with autism to design decor and introduce colours that were more conducive for people with autism.

People were supported to attend health care appointments and encouraged to eat healthily to stay well. People went out for walks which they enjoyed. People had specialist input. They saw neurologists, dieticians, occupational therapist and other specialist services when they needed it. Staff worked with health and social care professionals including the local community teams to help manage people's health conditions. Staff told us that everyone was registered with a doctor and dentist and these details were recorded appointments could be made. People saw their doctors and dentists at regular intervals. Staff worked with other professionals including staff at a day service.

Is the service caring?

Our findings

At the previous inspection people were not treated with dignity and respect. People were not supported to be autonomous, independent or involved. People were not receiving person centred support. At this inspection the way staff treated, communicated and responded to people had improved. However, this could be further developed and implemented to make sure this culture was embedded and sustained within the staff team.

Visiting professionals told us that staff interacted and communicated in a more positive way with people. They said the atmosphere was no longer one of control but was more balanced. We observed this at the inspection. Staff seemed interested in people. Staff told us they were surprised about how much people had achieved and developed since the last inspection. They said this motivated them to carrying on supporting people to improve their lives further. They said their relationships with people had improved. One staff member said, "Our relationships are more equal now".

At the last inspection there was a feeling of confinement and restriction. At this inspection improvements had been made. The atmosphere felt calm and relaxed. Staff were involved with people. People were able to go wherever they wanted within the service. Some improvements had been made to make the house feel homelier. There were more pictures on the wall. There were more accessible games and equipment so people could do what they wanted. People were more involved in meaningful activities and were taking part in everyday tasks like cooking and cleaning. We saw one person being supported to clean their bedroom and do their laundry. There were plans to increase people's skills. Staff were now doing things with people and not for them. Staff's attitude was changing. They acknowledged that people could do a lot more than they thought and this was motivating the staff to support people to do more.

There was notice board on display which showed the photographs of staff who would be supporting people throughout the day. Different activities were on offer and people were able to choose between them. One staff member had started a collage board which displayed pictures of activities people had been doing. People looked happy in the pictures and one person pointed to a picture of them enjoying a shopping trip indicating they had enjoyed this outing.

People indicated that they liked staff. People choose to sit next to staff. They went and held staff's hands to guide them to places when they wanted something. People were smiling a lot and seemed relaxed and comfortable in their home and with the staff that supported them. Some people communicated with the staff through noises, body language and gestures and staff knew what they were saying and asking and responded to their requests.

Staff took the lead from people to do the things they wanted to do. They supported people to listen to music that they liked and got down on the same level as people to listen to them, there was eye contact and reassuring gestures. One staff member gently stroked a person's back and hand when they were unsure about the inspector being at the service. They explained to them in a way they could understand about what was happening. The person was reassured and gave the inspector a 'high-five'.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. When people could not communicate using speech they had a communication plan. This explained the best way to communicate with the person like observing for changes in mood, how to approach them. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

Staff were encouraging and supporting people in a kind and sensitive way to be as independent as possible. The approach of staff differed appropriately to meet people's specific individual needs. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people liked to go out in the local area other people had activities they attended regularly that they enjoyed like dance classes. Staff made sure people were doing what they wanted.

Everyone had their own bedroom. Some people's bedroom reflected people's personalities, preferences and choices. Other people's bedrooms had improved since the last inspection and were more personalised and welcoming. People had equipment like electronic tablets, and games so they could spend their time doing what they wanted. All personal care and support was given to people in privacy. Staff told us described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task.

People were supported to have 'private time' in their bedrooms if they wanted to and staff respected their wishes when they indicated they wanted this. Some people had support from their families. No one was currently using the services of an advocate. Advocacy services were available if needed.

From April 2018 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and was developing accessible ways of communicating with people, such as pictures, to support people to tell staff about their needs and wishes and be involved in planning their care.

Is the service responsive?

Our findings

At the last inspection people's care plans did not contain ways of maintaining or increasing their independence. People's care plans were not adhered to. People were not involved in making decisions about their support and their wishes about end of life care had not been assessed and recorded. People did not have the support they needed to communicate their views and any complaints. At this visit improvements had been made.

Visiting professionals told us that plans for people's care were improving but there was still work to do.

No new people had moved into the service since our last inspection. People's care plans were in the process of being reviewed and updated but people were still not fully involved with this. The new manager planned to involve people more and to develop care plans into pictorial format so they would be more meaningful for people. The care plans contained pen portraits, information about people's life history, information about the person's routines and how they preferred to communicate. The care plans explained what people were able to do for themselves and when they needed support.

Care plans also contained individual behaviour guidance and information about how staff could support the person in different situations. People had positive behaviour support (PBS) plans. PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce. Staff were now adhering to the guidance and information in the plans and behaviours that challenged had reduced. The support people was receiving was improving. There was more information for when people displayed behaviour that could be challenging and incidents were clearly documented. There was some details about what triggers might lead to a person becoming distressed. There was information about the early signs to look for or what action the staff needed to take to support the person in a way that suited them best. At the previous inspection a person's bedroom had been very bare as staff told us objects would be destroyed. At this inspection the bedroom had improved. There were pictures and paintings on the wall. The bed was made up, different lighting had been put around the walls and the room was a more inviting place to spend time. None of the objects had been damaged or removed.

People's key workers were responsible for conducting regular key worker sessions. The purpose of the sessions was to allow people to have the opportunity to feedback what was working well for them, how things could improve and what action was required to achieve this. People did not have formal written goals and aspirations in place in their care plans but staff were supporting people towards becoming more independent. This was an area for improvement. People who previously had not been shopping for a long time were going into shops. People were more involved in the daily activities like cooking and cleaning. Opportunities to achieve small goals like making drinks or going to different places were supported and opportunities to develop people and enhanced their quality of life.

People's care plans explained the best way to communicate with them. Staff were now more interactive people. Staff offered people choices about what they wanted to do and where they wanted to go. Staff were

able to interpret and understand people's wishes and needs, through noises, gestures and body language, and supported them in the way they wanted. The local learning disability team had arranged to come and visit people and staff and look at ways of improving communication.

At the last inspection staff told us why people could not take part in everyday tasks rather than thinking about how people could be supported to take part. At this inspection improvements had been made. Staff told us that opportunities had improved. One staff member said, "Before it was we can't do and now it is we can do". People were living more fulfilling and inclusive lives as they were being supported to take some risks while remaining as safe as possible. Staffs expectations about what people could achieve had changed. Staff were surprised at the progress people had made with the improved support and guidance. The expectation of people's potential due to their disabilities had started to develop into a culture of supporting equality and diversity.

Activities for people were developing and improving and as a result people were living more fulfilling lives. This area needs to be further developed and sustained. Staff said that people were doing a lot more and they said they could see people were benefitting from this. One staff said, "The residents seem happier. They look forward to doing new things".

People were looking forward to the activities that they were doing. One person told us about a dance class they were going to and they seemed very excited and keen. People had electronic devices that they could use to communicate with staff about what they would like to do. Staff had supported people to download the music they liked to listen to and people were enjoying listening to their music. People went out regularly to a local day centre to do creative activities and meet with other people. Some people went swimming and there were visits to places of interest in the local area. People were now participating and involved in everyday activities. People helped with cleaning cooking and laundry. The new manager had planned to extend and further develop the activities. They planned to develop links with other people in services in the local area and increase peoples social contacts. On the day of the inspection one person was enjoying the sensory room., They were playing music they liked and a staff member was supporting them to choose the music they wanted and play a game. The person was smiling and laughing.

The staff were not currently supporting anyone at the end of their life. The staff were in the process of finding out what peoples wishes were and what support they would like when they reached this stage of their lives. Some people and relatives had been consulted and best interest meetings were being arranged. The provider said this was on-going as some people's next of kin were not available at the moment. This had been identified as a shortfall in the audits and was being addressed.

The provider had a complaints procedure. Complaints had been recorded and action had been taken to resolve the complaints. Some people had profound and complex needs and may have been unable to make complaints due to their communication needs. Staff had spent time with people to find out if they were concerned or worried. Established staff said they knew people well and would know the signs to look for if someone was unhappy. The complaints procedure was displayed in a meaningful way to support people to raise issues and concerns.

Is the service well-led?

Our findings

At the last inspection the registered persons had failed to assess, monitor and improve the safety of the service. The registered persons had failed to mitigate the risks relating to the health, safety and well-being of people. The registered persons had failed to seek and act on feedback from relevant persons. Concerns had been raised to the Care Quality Commission about the culture of the service in that it was not open, person centred and empowering for people. At this inspection improvements had been made.

The registered manager had left the service and a new manager had been appointed. They had started working at the service two days before the inspection so they were very new and in the process of introducing themselves to people and staff. They had previous experience in managing care services for people with learning disabilities and told us they were looking forward to the challenges of managing Glover House. They told us the provider had been very open and transparent about the concerns and shortfalls previously identified. The new manager stated that they would be applying to become the registered manager of the service in the near future.

At this inspection the culture of the service was changing. Staff were supporting people to do as much as possible for themselves. People now had more control of their environment and what happened on a daily basis. Restrictions and risks had been reviewed and changes had been made. All the communal areas were now accessible to people. The front door was no longer locked and people were free to move around and to go outside when they wanted to. People were able to go into the kitchen and were supported to prepare their own food and drinks. Staff now spoke about what they could do with people and not what could not be done. One staff member told us, they did not realise what people could actually do for themselves with the right support and encouragement. Since the last inspection there had been no incidences of restraint.

Staff practice was now being observed to make sure they were supporting people effectively, safely and in a way that suited them best. The new manager said they would be increasing staff observations. When staff practice had been found to be lacking the provider had taken appropriate action to deal with the situation. 'Spot checks' had been carried out in areas like communications and interactions. Other checks were carried out on the building/rooms, laundry and paperwork rather than looking at the care and support that people received.

There were governance and audit systems in place. Since the last inspection the provider had taken positive action to improve the service. They had employed a consultant to support the staff and identify shortfalls and make the necessary improvements. We had requested that the provider send us the results of the monthly audits and records of incidences and accidents. We had made this a positive condition on their registration. The provider sent us this information. The positive condition will remain until we are assured that improvements continue to be made and sustained. The provider regularly contacted us with updates and let us know what was happening at the service.

People were more involved in developing and shaping the service. People met with their key workers to gain their views and opinions staff were developing the skills to pick up on how people were feeling and what

could be changed to improve their quality of life.

People, relatives and staff had completed questionnaires at the beginning of May 2018. These had not yet been analysed. The new manager told us once this had been done then the results would be shared with people, staff and others.

Links within the local community were improving. People were now going to local shops. Some people went to church and to the local swimming pool. The new manger had plans to develop contacts with other people who lived in local services.

The provider had sought support from other specialist agencies to improve and develop the staff and the environment so people received the support they needed to achieve and live a fulfilling life. Links with local specialist teams, like the learning disability team were being improving. Referrals had been made to professionals including speech and language therapists and dieticians. There was more learning from incidents and events with analysis to establish patterns of trends. The provider and staff had learnt from the last inspection and improvements had been made. There was more transparency and openness. Staff knew that when some incidents occurred and people were placed at risk of harm then these incidences needed to be reported to the local safeguarding team for advice and some notifications had not been sent to CQC as required. The new manager understood their responsibilities in reporting incidents.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and on their web-site.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The arrangements for managing medicines were not as safe as they should be. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>