

Consensus Support Services Limited

Frinton 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

Frinton House provides accommodation for up to six adults who have learning disabilities. There were six people living at the home at the time of our inspection. People's needs varied, some displayed behaviours that challenged and some were on the autism spectrum. People had complex communication needs and required staff who knew them well to meet their needs. Frinton House is owned by Consensus Support Services Limited who have a number of care homes nationally.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had been rated requires improvement at the last two inspections. At the last inspection in December 2016 there were two breaches of regulations and requirement notices were issued. Breaches were in relation to a lack of good governance and a failure to give appropriate consideration to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) in accordance with legal requirements. (The MCA promotes choice in decision making and DoLS provide legal safeguards for people who may be deprived of their liberty for their own safety.) We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when, to improve the key questions in effective and well-led to at least good. At this inspection we found the provider was now meeting legal requirements and in some areas was providing an outstanding quality of care.

This comprehensive inspection took place on 1 and 6 February 2018.

There was excellent leadership in the home and the registered manager had an open door policy which staff valued. Staff were fully involved and committed to achieving the home's and organisation's values and vision. The organisation had extensive systems to monitor and review the quality of the care provided.

Appropriate referrals were made to health care professionals when needed, and people were supported to attend health appointments, such as the GP or dentist. Staff had worked together to support one person who had complex health needs and an innovative and imaginative solution had been found that ensured the person received the treatment and supported needed to make an excellent recovery. There were excellent links with specialists to ensure guidance and support was obtained to meet people's complex needs. Where possible, easy read documentation had been used to help people understand difficult topics and situations. Feedback from professionals who supported people and from relatives was unanimously positive.

People were treated with utmost dignity and respect by kind and caring staff. Staff had an extremely good understanding of the care and support needs of people and had developed positive relationships with people. Relative's had complete confidence in the staff and told us they were always made to feel welcome

at Frinton House. People's achievements were displayed in a 'Loud and Proud' cabinet and relatives told us there had been an increase in parties and gatherings to celebrate people's achievements.

Staff worked hard to ensure people's dreams and aspirations were met. One person had been supported to have a meal out in a hotel as they had not previously done this. The person told us this had been a very special evening and they had enjoyed getting dressed up. Staff took lots of photographs to mark the occasion and these were shown to us with pride and enthusiasm. The person was very happy their dream had been achieved. This person had also been supported to start part-time voluntary work and they were very proud of how well this was going. Extensive work had been taken to increase the variety and range of activities people participated in, and staff told us people were happier as a result. This included attending college courses, having aromatherapy, attending drumming classes and lots of trips to places of interest.

Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the Frinton House. People's needs were effectively met because staff had the training and skills they needed to do so. Staff were extremely well supported with induction, training, supervision and an annual appraisal of performance. Training was specific to the needs of people living at Frinton House. 'Sign' training (A form of sign language used alongside the spoken word to enhance communication) had been planned for people and staff to complete together so this was an inclusive event and to ensure consistency.

People were encouraged to be involved in decisions and choices when it was appropriate. MCA assessments were completed as required and in line with legal requirements. Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training. Best interests meetings, with a multidisciplinary approach, were held when necessary to ensure people's needs were met.

Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. People's medicines were managed safely. There were robust procedures to ensure risks to people's safety were identified, assessed and managed. When incidents occurred they were reviewed promptly to ensure the risk of a reoccurrence was minimised.

People met weekly to decide the menus for the following week. Pictorial images were used to assist some people to choose the meals they wanted. People were involved in food preparation and support was provided in line with people's individual needs. Menus were varied and demonstrated people received varied and well balanced diets.

Further information is in the detailed findings below.

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.

There were suitably qualified and consistent staff available to ensure people's needs were met.

People were supported by staff who were knowledgeable of safeguarding procedures and who could recognise signs or indicators of abuse.

People's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions that enabled them to have choice over their own lives.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support people. Additional training was provided to support people's specific needs.

People were given choice about what they wanted to eat and drink and ate food they enjoyed.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff knew people well and displayed kindness and compassion when supporting people. People's dignity and privacy was respected and promoted.

Staff adapted their approach to meet people's individual needs and to ensure care was provided in a way that met their individual wishes.

Is the service responsive?

The service was responsive.

Each person had an in-depth care plan tailored to their individual needs.

People were encouraged to take part in activities of their own choosing and were supported to achieve personal goals. People's daily planners were varied and promoted independence and social stimulation.

The service supported people to maintain close links to health professionals. Professionals and relatives praised the home for the positive impact staff had made to people's health.

People, relatives and staff were aware of the complaints procedure and actively encouraged to feedback any issues to improve the service. People felt listened to and their complaints were taken seriously and responded to.

Good ●

Is the service well-led?

The service was well-led.

Staff spoke very highly of the support they received from the registered manager and the provider.

Regular feedback was sought from people, staff, relatives and visiting professionals about the running of the service. Staff felt well supported and valued the open culture within the home.

There were robust quality monitoring processes to check quality and safety. The registered manager had a very clear over-sight of Frinton House and was firm in her conviction to realise the goals she had set for the service.

Good ●

Frinton 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.

Frinton 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.

We visited the home on the 01 and 06 February 2018. This was an unannounced inspection. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home, this included two staff recruitment files, training and supervision records, medicine records, accidents and incidents, quality audits and policies and procedures, along with information in regard to the upkeep of the premises. We looked at two people's support plans and risk assessments in full, along with risk assessments and daily records for another two people. We spoke with the registered manager and three members of staff.

During the inspection we also spoke with a person's relative. Some people were not able to tell us their views of life at Frinton House so we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Frinton House.

Following the inspection we received comments in writing from a visiting health professional and a relative. We also spoke with another relative by telephone. We asked the registered manager for additional information by email and this was received promptly.

Is the service safe?

Our findings

A relative told us, "My (relative) is safe. If they ever had to be moved it would be devastating for them mentally. This is their home and their bedroom is their haven. They love their room." Following a stay in hospital, this person refused to use local facilities with staff that had taken them there. However they were happy to go out with a staff member that they did not associate with the hospital. Staff said they were working to gradually regain the person's confidence and to provide them with the reassurance needed to return to their normal activities.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a range of documentation including photo identification, written references and evidence that a Disclosure and Barring System (DBS) check had been carried out. (A DBS check is a police check that ensures staff have no record of misconduct of crimes that could affect their suitability to work with people). The registered manager told us that as part of recruitment, if any risks were highlighted they would carry out a risk assessment. For example, if English was not the staff member's first language and report writing was to be an issue, they would ensure the person attended training to develop their skills in this area.

There were enough staff working in the home to meet people's needs safely. In addition to the registered manager there was four staff on duty throughout the day. At night there was a waking staff member and a sleep-in staff member who was available should there be an emergency. There were clear on-call arrangements for evenings and weekends and staff knew who to call in an emergency. Staff told us there were enough staff to meet people's individual needs.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored securely in their bedrooms and any excess medicine was stored within the office. There was advice on the medication administration records (MAR) about how people chose to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they experienced pain. A copy of each person's PRN protocols were stored within the MAR charts. Not everybody who experienced pain was able to express this verbally, and there was information in people's care plans about how they may express they were in pain. For example, one person had been prescribed two different tablets for pain relief. Staff explained how they knew which tablet to give depending on the person's facial expressions. They were also able to judge the severity of the pain from the person's reactions. For example, staff were able to recognise the difference between the person holding the area where they were experiencing pain or being bent over to indicate more severe pain.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Risk assessments had been reviewed and if necessary professional advice had been sought from an occupational therapist to ensure people had appropriate equipment to minimise the risk of accidents. Monthly assessments had been carried out to determine if there were any actions that could have been taken to prevent accidents and incidents or to minimise the risk of a recurrence. The operations manager also assessed actions taken following accidents and incidents to ensure they had been addressed

appropriately. The systems ensured lessons were learned and improvements made when things went wrong.

Risk assessment documentation in care plans had been updated at regular intervals. Where new risks to people had been identified, assessments had been carried out to manage the risks whilst still protecting people's freedom and maintaining their independence. For example, due to their autism, one person's risk assessment highlighted the importance of following their routine in a particular way as this gave the person security and enabled them to maintain their independence.

One person had extensive involvement with the local psychology team and support had also been provided by the organisation's behaviour specialist. Easy read documentation was provided to the person to assist them in understanding their behaviour and suggested strategies to help them to cope when they were anxious. The measures supported the person with stress reduction, if changes out of their control, were to occur. During the inspection staff used these strategies to help the person cope with their behaviour and they were effective.

Those who could, told us they felt safe. Some people were not able to tell us if they felt safe but we observed people to be content and noted when people needed support, staff provided regular reassurance and guidance. Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All of the long-term staff had up to date training in safeguarding. They were able to tell us that if an incident occurred they reported it to the registered manager who was responsible for referring the matter to the local safeguarding authority. Some of the new staff had yet to complete this training as part of their induction to the home and there was a timescale set for completion. The home had not had to make any safeguarding referrals.

All staff had received fire safety training. People had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire evacuation drills were carried out to ensure that people knew what to do in the event of an emergency. Fire drills were routinely evaluated to ensure staff had responded to the drill appropriately and in a timely manner. The local fire and rescue service had carried out an assessment of the building and any actions recommended had all been addressed.

People were protected from the risk of infection. All staff had received training in food hygiene and infection control. All areas of the home were clean and cleaning schedules demonstrated the cleaning tasks completed each day and night.

People lived in a safe environment because the home had good systems to carry out regular health and safety checks. All of the relevant safety checks had been completed, such as gas, electrical appliance safety and monitoring of water temperatures. There were procedures to make sure regular and ongoing safety maintenance was completed. There was also a business continuity plan that provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

Is the service effective?

Our findings

At our last two inspections in January 2016 and December 2016, the provider was in breach of Regulation 11 of the Health and Social Act because there was a lack of understanding of the Deprivation of Liberty Safeguards (DoLS) process and a lack of understanding of restraint and consideration of the Mental Capacity Act. (MCA). Following our inspection, the provider sent us an action plan stating how they would meet the requirements of the regulations. At this inspection we found improvements had been made.

Staff asked people's consent before providing support. Staff had assessed people's abilities to understand and make a variety of decisions. There was information within care plans about how each person communicated their needs and wishes and staff described how each person made their needs known. Staff knew if people were unable to make complex decisions, for example about medical treatments, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests. This had been done when two people needed medical treatment.

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.

One person had been assessed as needing support to make decisions about life/activities and the people they would like in their life. There were strategies for them to make informed decisions. At the inspection we met with two visitors to the home who informed us they had taken this person out for an afternoon. We asked them how long they had known the person and what information they had been given about the person's support needs. They confirmed they had been given information and observed staff supporting the person. Documentation showed a staff member had been allocated to join this outing but the person had refused for them to join. The registered manager knew both visitors and assessed the person was safe to be with them. Following the inspection the manager confirmed DBS checks had been sought in line with the organisation's policy and risk assessment documentation had been completed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the 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. Referrals had been made for standard authorisations for those who required them, two had been agreed and the home was awaiting the outcome of others.

People's needs and choices were assessed before they moved to Frinton House. One person told us they visited the home several times before moving in to make sure they were happy with the move.

People were supported to maintain good health and received on-going healthcare support from professionals. Staff supported people to attend a range of healthcare appointments. If people needed

specialist advice and support or monitoring in relation to specific conditions for example epilepsy, appointments had been made. Everybody had a health action plan (HAP) that identified the health professionals involved in their care for example, the GP, optician and dentist. The home had good links with the local learning disability team and sought specialist advice and support when necessary to meet people's needs. A health professional told us the registered manager, "Knows people and their moods well and why they behave in a certain way. If there are issues, I am told and know what to expect." At the time of inspection one person had refused to attend health appointments and staff had arranged for health professionals to visit the home to support the person instead. People also had care passports; with people's permission, these were to be given to paramedics or hospital staff should the person need to go to hospital. They included, "Things you must know about me," "Things that are important to me" and "My likes and dislikes." This would assist hospital staff to provide care in a person centred way that suited the individual.

People had the equipment needed to meet their individual needs. One person had an epilepsy monitor in their bed to alert staff if they were having a seizure at night. They had recently started to wear a watch that sounded an alarm if the person had a seizure. We were told the person had difficulty standing to brush their teeth so staff contacted the local occupational therapist (OT) who arranged for them to have a perching stool so they could continue to complete this task independently. The person told us, "I like the stool, I brush my teeth three times a day." The OT had also arranged for two people to have specialist dining chairs to meet their individual needs and one person had a new shower chair.

People had enough to eat and drink. There was a weekly menu that was varied, nutritious and well balanced. This was displayed in a pictorial chart along with a picture and name of the person that had chosen the meal each day. Staff told us it was easy to prepare additional food if someone did not eat their meal. People were offered a choice of drinks throughout the day and some were able to make their own drinks when desired.

People had access to all areas of the house and garden. They could choose where to spend their time. Bedrooms had been personalised to reflect as close as possibly known, each person's individual tastes and interests. The lounge and dining areas were homely and there were photographs of various activities people had participated in displayed throughout. There were plans to have a summer house built in the garden.

Staff had the skills and knowledge to meet people's needs. A record was kept of staff's individual training needs and the computer system used by the registered manager determined when updates were needed and staff were given timescales for completion. Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, moving and handling, health and safety and infection control. A staff member told us, "If we need training (manager) will find it for us."

Service specific training that had been identified for staff working at Frinton House. Training included, an introduction to learning disabilities, epilepsy awareness, buccal midazolam, (this is medication used to treat seizures and requires specific training in how to administer) and continence awareness. In addition, they received training in equality and diversity, autism awareness, mental health awareness, conflict management and sign along (A form of sign language used alongside the spoken word to enhance communication). All staff, except those that were new, had completed the sign along course. However, an additional sign along course had been booked to be carried out in the home in April 2018 so that people and the staff team could share this training together. A staff member told us the training in behavioural support equipped them to use distraction techniques as a way of preventing behaviours that might otherwise escalate. They felt the training and the advice within care plans was invaluable in guiding them to support people.

One person was admitted to the home since the last inspection. Their specific needs had been assessed and advice sought from the local learning disability team and the organisation's behavioural support team. Both teams worked together in ensuring the advice and guidance held within the person's support plan met the person's needs. Staff also received training to meet the person's specific needs. We observed staff using the guidance given which was effective in providing reassurance to the person and resolving their concerns.

Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. Staff told us they felt supported in their role. Records confirmed staff attended supervision meetings every four to six weeks. The registered manager supervised team leaders who in turn supervised care staff. All staff providing supervision had received training in this area. A staff member told us, "I feel supported, we work as a team and we know we need to work together." Another said, "I can see so many improvements since (registered manager) came, she is really supportive. If we want something she does it." A staff member told us that when they took on the role of team leader they received additional training for their role. This included training on how to give supervision, advanced training on the MCA and how to complete rotas.

There was an ongoing plan of redecoration. Staff told us since the last inspection a new car had been bought. Other changes included a new cooker and the flooring had been replaced. There were plans to have a summer house built and to have the flooring in the dining room changed. The external wall and fence were due to be painted when the weather improved and people had chosen to participate in this task. One person had a very large new television and a new sofa and curtains in their bedroom. Staff told us the person chose all the new equipment for their bedroom. Another person who had sensory needs had new sensory lights in their bedroom and in the lounge area.

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals. Most of the staff had worked in the home for a long time and they were able to tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. They communicated well with people and in a way they could understand and people responded warmly to them. A relative told us, "We are very happy with the attention (relative) gets at Frinton House." Another told us their relative, "Is very happy here, we couldn't ask for better. All the staff are wonderful and supportive."

Staff told us that some people chose to have private time in their bedroom and this was always respected. A relative told us, "Everyone is an individual and respected. They (staff) understand (my relative) needs space." We were told people were given choice about the clothes they wore as a way of expressing their identity.

Staff gave us examples of how they maintained people's privacy and dignity. They told us they knocked on people's doors before entering. They said they always ensured curtains were drawn and doors closed when people were supported with their personal care. We noted staff were quick to identify non-verbal cues people gave which indicated their wishes. For example, one person left the drumming session when the singing started and as soon as the drumming started again they came back. Staff knew by sign language the person used, why they had left the room.

People were treated with kindness and compassion. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. When one person became agitated and spoke to a staff member in a threatening way, the staff member spoke with the person in a calm and caring manner and they helped the person recognise their actions had been inappropriate.

Staff were able to tell us how they implemented the organisation's equality and diversity policy in every aspect of the care they provided. They recognised people's different personalities and the different choices they made. Some people had very different interests and hobbies and the staffing enabled people's individual needs to be met. When a person requested to do something, staff explained to them they could do this but had to wait until a staff member was available. The person accepted this and was happy that their needs were met a few minutes later.

People's relatives told us staff took time to talk to them when they visited the service and everyone told us they were always made welcome. Two people's relative's told us staff assisted with transport, when needed, to ensure visits could happen. One relative said, "We have taken (relative) out for the day on or near (their) birthday with the assistance of their driver and Frinton House's van." Another told us they valued the support staff gave them to ensure their visits continued.

Support was provided in a person centred way. For some people, staff promoted the development of new skills and they were encouraged to be involved in preparing and making meals, in budgeting and shopping and in keeping cleaning tasks around the home. For others, due to age and individual abilities there was more an emphasis on maintaining skills. Staff encouraged people to do as much as they could. For example,

this may have been to make a drink or to know where their clothes were so they could find clothes independently.

There were photographs prominently displayed throughout the house demonstrating people's activities and trips they had taken. The notice board included details of the menus, photographs of visits from the head office and photographs of a visit to a farm. Relatives told us they loved seeing the photographs as this meant they could see what people had been doing and talk about the activities. One person was very artistic and a number of their artworks were displayed prominently around Frinton House. A relative told us, "They keep me informed and are very supportive. They really care and had a special cake made for (relative's) birthday. It was lovely." Staff also confirmed that every birthday is now celebrated with a special cake and each person's family and their friends invited to celebrate.

Records were stored in the office and only made available to those with a right to see them. Staff told us they had regular opportunities to read through care plans to make sure they were kept up to date with people's needs.

Is the service responsive?

Our findings

At our last inspection in December 2016, the provider was rated requires improvement and we recommended the provider continued to source material from reputable sources on how to ensure people's decisions and wishes were respected in a person centred way.

People's care was designed in such a way that ensured their individual needs were holistically met. A person's relative told us, "All the staff have been brilliant, I can't praise them enough. One person had been diagnosed with a serious health condition that required urgent medical treatment. As this person had always refused to attend health appointments a best interests meeting was held to decide the best course of action. A number of professionals met with the person's relative and staff from the home to discuss and agree on the best approach. The result was an innovative and imaginative approach that ensured the person received the treatment they needed. Following surgery it became necessary to discharge the person sooner than would have been considered appropriate. This was because the person needed to be in familiar surroundings and cared for by staff known to them. Further health concerns and complications were identified. With additional training and under the supervision of the local nursing service and advice from the person's relative, GP and Consultant, care that would normally have been carried out by health professionals in a hospital setting, had been carried out by care staff. The person's relative told us that due to the "Excellent care provided by staff (Person) did not have any infection and could not have had better care." A staff member told us, "A year ago we couldn't have supported (person) like we did. We are a stronger team now." The treatment provided demonstrated a person centred approach that meant the person received the complex treatment they needed in the safety of their own home by staff they felt secure and comfortable with.

A health professional told us, "My experience is that (registered manager) is extremely conscientious about ensuring the health care needs of those under her care are met. She is diligent about communication both in terms of asking questions and in terms of providing follow up information. Frinton House staff have also always provided any additional staff support necessary to maximise the opportunity for admissions to be successful."

One person had recently suffered bereavement. Staff had taken advice from the local learning disability team and had used easy read literature provided to explain death. They had supported the person to make a memory box. The box included items and photographs that were important to them that would remind them of the person who had been very close to them. The person told us staff were going to help them to write a poem that they would read at the funeral. They told us a staff member would support them to attend the funeral. They said, "Staff have been brilliant, it's a difficult time for me." People and or their relatives had been asked their views on end of life wishes.

People were supported to have their dreams and aspirations realised. When one person moved to the home they told staff they had never been to a hotel for a meal. The registered manager invited the Head of Strategy (HoS) within the organisation to join the person and the registered manager to have a meal in a local hotel. This was an opportunity for them to dress up and the person's ambition to have a meal in a

hotel was fulfilled. It was also an opportunity for them to share with the HoS their views on life at Frinton House. The person was very proud to tell us about their experience and photographs were shown with huge enthusiasm and joy at the memory of their special evening.

The registered manager ensured one person's activity was flexibly used to engage everyone in the home. Two people used to attend a drumming session at a local community college. As one person was temporarily unable to leave the home, staff arranged for staff from the college to run the sessions at Frinton House. A drumming session was held on the evening of our inspection. All but one person chose to participate. It was a very inclusive session with people and staff participating and the smiles and laughter confirmed the session was thoroughly enjoyed by all.

Staff told us extensive work had been done to research and find opportunities to increase people's activities. Each person had a named worker (keyworker) who made sure their individual needs were met. Keyworker meetings were well established and were used to support people to make choices and decisions about how they spent their time. From this, rotas were organised to ensure activities could happen. Staff said, "Sometimes people change their minds and we respect this." We saw this during the inspection when a person who was meant to do an activity changed their mind. The planners showed if someone declined an activity they were encouraged to choose an alternative.

People participated in a wide range of activities to meet their individual needs and wishes. Three people attended different colleges three days a week. One person told us, "I like being with my friends. The staff treat me well and my keyworker supports me and takes me to college." Another person attended an evening college class and an artworks project one morning a week. Two people attended 'Calm Farm (a music and sensory group) once a week. Four people chose to have aromatherapy once a week. In addition to this, people were supported on a daily basis to make use of their local amenities for coffee or meals out. Day trips were also arranged to places of interest. One person had attended the Harry Potter studios. One person attended a disco run locally once a month. Two people chose to attend a church service weekly and staff provided support to enable this to happen. They also received regular visits from lay ministers to Frinton House. People told us these visits were very important to them.

One person had expressed they would like to have a job. The registered manager worked with the person to find a suitable part-time voluntary post one morning a week. The post gave the person an opportunity to meet people and to develop a range of skills. The registered manager had initially supported them and now various staff supported the person in their work. The person told us, "I love my work." The registered manager told us the person's long term goal was to have paid employment and they saw this as a stepping stone to achieving their goal.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. AIS applies to people who have communication needs relating to a disability, impairment or sensory loss and identifies steps that providers should follow to ensure these needs are identified. The registered manager was aware of the requirements and as part of meeting the standards they ensured people's care plans included specific advice on how people communicated their needs and wishes. For example, for some using visual aids and objects was more essential than the spoken word. Photographs of meals were shown to people to assist them in making choices. One person liked to have a daily walk. The person did not communicate verbally but staff told us after walks, the person often led staff to the local supermarket. A staff member said the person, "Knows where they are going and they let staff know."

We asked a staff member about equality and diversity. They told us, "We ensure everyone is treated fairly."

We take account of people's age and their gender. Everyone has the same rights. We make sure we prioritise time to enable people's individual needs to be met and we respect people's decisions if they opt out of activities or change their minds." Another staff member told us, "Everyone is treated equally and we provide as many opportunities as we can to help people to develop in every aspect of their lives." For example, a staff member told us, one person was learning English and Maths at college and they had introduced new workbooks at the home to enhance the learning achieved at college. The person told us this was going well and they enjoyed learning.

The service responded to people's individual needs. A staff member told us, "When you know (service user), you can read their expressions. We saw how they struggled in/out of bed and we contacted an occupational therapist. They now have a new bed and are happier." Staff were able to tell us how another person expressed pain or unhappiness. For example, they rocked, covered their ears or hummed. Staff told us the person could, "Point to what they wanted or if asked, could repeat a word if they didn't like something." They said, "You need to give them time and they will decide, but only give two choices." Another staff member told us that when one person said a specific phrase, they knew this meant they wanted to use the toilet.

There were procedures to enable people to make a complaint if they wanted to. There was a detailed complaint's policy. There was also an easy read complaint procedure to assist people if they wanted to make a complaint. People's care plans contained information about how people expressed if they were unhappy or in pain. Staff also confirmed how they knew if people were unhappy and were able to give examples of how they assisted them to express why they were unhappy. There was a suggestion box and compliments/complaints folder in the lobby to the home. There were 26 compliments and five complaints. During regular meetings, people were asked if they had any concerns or complaints. The five complaints had been raised by staff on behalf of people and demonstrated people had a voice when they were not happy. Two complaints were in relation to the house vehicle. These were raised with senior management and a request was made for a replacement vehicle which was agreed and provided. Records demonstrated people had been updated at regular intervals about progress with their complaint. All of the complaints had been resolved to the satisfaction of the complainants.

People's care and support was tailored to their individual needs and preferences. There was a personal history page within care plans for each person that described the person's life before coming to Frinton House. Each person's care plan was specifically designed around their needs, goals and aspirations and reviewed regularly by people and their key-workers. Some people needed in-depth Positive Behaviour Support plans (PBSP's) that included how the person may present if they were feeling anxious, things that could trigger behaviours and what helped them to be calm, relaxed and happy. There was also consideration of autism specific sensory triggers, along with advice on how to support the person in a way that suited them. Staff were able to tell us how they supported people, for example, by following people's preferred patterns/routines or responding to people when they indicated they wanted a particular change. For example, one person needed to follow their routine in a certain order. This was essential to them and any staff member not doing this could cause the person to be very upset. Staff knew how important this was for them.

Is the service well-led?

Our findings

At our last two inspections in January 2016 and December 2016 the provider was in breach of Regulation 17 of the Health and Social because there was a failure to ensure accurate record keeping was in place and to ensure actions were taken to mitigate risks. Following our January 2016 inspection, the registered manager left their employment and a new manager was appointed. At the time of the inspection in December 2016 although significant progress had been made there were still areas for improvement needed to meet regulations and to embed progress that had been made into every day practice. The provider sent us an action plan stating how they would meet the requirements of the regulations. The manager has since been registered with Care Quality Commission. At this inspection we found extensive improvements had been made.

The registered manager was totally dedicated to building upon and improving the service they provided. Staff knew how the vision and values for Frinton House fitted in with the organisation's vision and values. The values were prominently displayed and all staff were able to tell us how they were implemented daily. The goal for the home was, 'To be the best care provider in the UK with learning disabilities and social care needs.' Staff told us they were confident the improvements made demonstrated their goals had been achieved and would continue to be developed further.

People's and staff achievements were celebrated and promoted. In the lobby of the home there was a, 'Loud and Proud' cabinet. Displayed on this cabinet was evidence of people's individual achievements along with staff achievements. The registered manager told us this was to celebrate the best of Frinton House. For example, one person had their recent art work displayed. Another had a certificate for building confidence in the community. Some achievements, whilst they might have appeared small, had a massive impact for the people concerned. Following an operation, one person had a loss of confidence in going out. Staff had worked hard over a number of months to build trust and to encourage the person to move forward. Significant progress had been made and the certificate demonstrated the person's achievements and was also used to encourage even greater progress. There was a monthly staff award with a photo and certificate for the staff member who had been awarded. There was also a section for items people had made during the year, for example hats that had been created for a particular event. At the Christmas party a certificate of compliments and achievements had been presented to each person. Six staff from the organisation's head office had attended to participate and celebrate people's achievements.

As part of building links with the local community, visits had been arranged to take people to a number of venues including the local police station, post office, bank, the library, local pub and opticians. Photographs had been taken in each area, often with staff from the particular setting. This meant staff could then use these pictures as a communication aid with people when they needed to use these places. The registered manager confirmed the added benefit of this exercise had been the opportunity to promote and encourage staff from these venues to understand people's needs.

There was an open and inclusive way of working that created an extremely positive culture for staff. The registered manager had worked hard to develop the staff team and the investment in staff ensured the

quality of the service had benefitted enormously. Staffs individual skills and contributions were recognised and staff had the opportunity to develop their career pathways through additional training and support to develop skills in particular areas. For example, they had opportunities to study for health related qualifications at higher levels. They also took on specific areas of management such as medicine management or health and safety and were supported to develop their skills and knowledge in these areas. This had meant increased ownership and accountability in these areas and a reduction and in some cases elimination in shortfalls identified through the home's quality assurance system. To recognise staff achievements the registered manager continued a 'best employee of the month' award. If a staff member had been entered for three or more months they were then put forward to the organisation's employee of the year award. All staff were proud of how far the home had come, they recognised the individual contributions they had made and were committed to working as a team to make continual improvements. People too were encouraged to participate in the running of the home. Two people shared responsibilities such as checking the post daily. They also had health and safety roles in areas such as recycling and encouraging visitors to sign the attendance book for the fire register when they came and left the building. We could see the person who asked us to sign in took this role seriously and were proud of their contributions to the running of their home. This resulted in people and staff working collaboratively to make improvements in the home.

In addition to involving people and staff more in the running of the home, the registered manager had looked at ways of encouraging people's relatives to be more involved. An example of increased involvement had been the Christmas party. People invited friends and relatives to join them. The photos showed this had been a lively gathering and there were photos of a relative making a speech and another relative singing a song. Relatives told us they had enjoyed the party and felt much more a part of their relatives' lives. One relative told us the registered manager had, "Changed Frinton House immensely for the better. It's friendly, bright and amazing. She is always trying to encourage (relative) to do something else."

The overwhelming response from everyone we spoke with about the home was that it was an exceptionally well run service. A relative told us, "I'm amazed with (registered manager) and her ideas. She works so hard. She did a charity walk with one of the residents to raise money for Street Pastoring for the homeless." The person told us they were very proud to have done this walk and to have raised money for the homeless in their community.

There were robust quality assurance systems that looked at all aspects of the home and these had been effective at driving improvement. For example, the improvements made to the environment in terms of décor and ensuring people had equipment to meet their individual needs. Health and safety audits demonstrated a thorough monitoring of the home to ensure people's safety. If shortfalls were found they were addressed promptly. Audits reflected learning from accidents and incidents. Accidents and incidents were audited monthly and analysed for trends and themes. Any recurring themes and trends were highlighted and an action plan put in to place to prevent a reoccurrence. If it was felt that a person needed new equipment, arrangements had been made for a professional assessment of their needs. Other audits included infection control, finances and the management of medicines. The registered manager maintained a weekly reporting system to the senior management. This allowed the management team to overview the service and analyse any patterns or trends and identify areas where support might be needed. Where this is the case an action plan would be put in place and the operations manager monitored progress through regular visits. Equally when the service provision excelled in areas, this progress could be celebrated with the home and within the management team. The registered manager confirmed she had visited other homes within the organisation to discuss some of their successes, one of which was enabling people to have a voice in relation to the running of the service. The systems demonstrated that the organisation had a commitment to ensuring that the service provision was of a high standard.

Frinton House has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People had the equipment needed to meet their individual needs. Although not currently needed, the home had a lift so that as people's needs changed they could remain in their home. When the organisation assessed the needs of a new person, the person was then invited to meet people in the home. The organisation made sure the person and the people already living at Frinton House were happy for the move to go ahead. Several visits were undertaken to make sure everyone was happy with the move. Once the person moved in, the arrangements were reviewed at regular intervals to make sure it was working for everyone. A staff member told us the person had been, "A ray of sunshine in the home." They said they had encouraged others who were normally quiet and reserved to speak up and share their views about their home." The staff member also said, "The place is a livelier and happy place, it's amazing how one person can make such a difference."

Over the past few months at least seven senior staff from the organisation's head office had been invited to attend the home to meet people and hear about what was important to them. It was also an opportunity for them to meet staff and hear their views. The registered manager told us, "Now they know when we ask, for example, for a new piece of equipment. They can see why it is important and how it will make a difference to the person."

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

People had a say in who was employed to work at Frinton House. There was evidence one person had been involved in interviewing staff. Details of the questions they asked were recorded and in one case the responses were recorded. We discussed with the registered manager how the person's involvement could be expanded and how the overall judgement could include reference to the person's involvement and view in helping to reach a decision. The registered manager said they would look to find a course the person could attend to develop their skills in this area.

Staff meetings were held monthly. A staff member told us, "We all get the chance to say what we want and we can make suggestions or talk about any areas we are having difficulties. Minutes of these meetings demonstrated staff were kept up to date on a range of matters and had opportunities to share their views. Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management. A staff member told us the registered manager was, "Really supportive, if we want something she does it." They also told us, "We have monthly visits from the operations manager and we can raise things with her, we can say what we want."

The home continued to receive copies of the organisation's best practice group meetings. These meetings were used to look at best practice in care homes and to share ideas. Two representatives from each home attended. Staff told us ideas were discussed with people at meetings. This was how the idea to have a summer house came about and was then put forward at the best practice meeting and agreed. The registered manager told us they had looked at reports for other services rated outstanding so they could compare how they operated and to get ideas. They had also visited other services at the request of registered managers to talk about the improvements made at Frinton House and how they had been achieved. They said these opportunities were valuable to share good ideas but also to gain ideas that could benefit people at Frinton House.

The provider listened to what people, their relatives, staff and professionals' said about the running of the home. Satisfaction surveys were carried out annually. Comments from visiting professional included that staff had a 'good understanding of clients,' and that a client was 'well supported through change.' All comments received were very positive. The registered manager said they were continuing to look at tools they could use that would reflect people's views more easily. The satisfaction surveys did not particularly suit everyone but the other systems including people and keyworker meetings were better opportunities to assess and review people's individual views on the care they received. Records confirmed that when people made specific requests they were met. For example, one person had requested to go on a specific day trip and this had been achieved. The wealth of photographic evidence available also demonstrated people were extremely happy and content in their surroundings and confirmed that staff worked hard to enhance and create new opportunities for people.