Jemini Response Limited

Jemini Response Limited - 17 Jerome Close

Inspection report

17 Jerome Close
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11 October 2016

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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

Jemini Response Limited - 17 Jerome Close provides accommodation for up to three younger adults who have a learning disability within the autistic spectrum. There were three people living at the home at the time of our inspection. People had a range of complex care needs associated with living with autism. Jemini Response Limited - 17 Jerome Close is owned by Jemini Response Limited and has two other homes in the South East.

There is a registered manager at the home who was also the registered manager for another home owned by the provider in the same Close. 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.

We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the home supporting people who use the service. We needed to be sure that they would be available in. The inspection took place on 10 and 11 October 2016.

There was an open, transparent and inclusive atmosphere at the home. Staff worked hard to ensure people received a service that promoted their independence, maintained their individuality and developed their well-being. The philosophy of the home was to ensure people 'felt good' about themselves. The registered manager had gone beyond what was expected of him as a registered manager to protect people and ensure they maintained a good quality of life.

The registered manager had a good oversight of the home. He worked with staff to promote continual learning and development to improve people's lives. Staff were aware of their responsibilities and told us they felt well supported by the registered manager and their colleagues.

People were treated with kindness and positive, caring relationships had been developed. Staff knew the needs of people and treated them with dignity and respect. People exercised choice in day to day activities. Staff worked with people to help them reach their goals and achievements and supported them to maintain and improve their independence.

Systems were in place to involve people in making decisions about their care and treatment and people were supported to use these. Staff had a good understanding of people as individuals, their needs, likes and dislikes. Staff were able to communicate effectively with people using their preferred method.

People's medicines were safely managed and they were supported to receive the medicines they had been prescribed in a way that met their individual needs.

Risks were well managed in ways that enabled people to make their own choices and to remain

independent as possible. People were happy and at ease in the presence of staff. Staff were aware of their responsibilities in relation to protecting people from harm and abuse.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs and preferences. Recruitment records showed staff employed were suitable to work at the home. There was a training and supervision programme in place to ensure staff maintained and developed their knowledge and skills.

Staff were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk. The registered manager and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People played an active role in planning, preparing and cooking the main meals at the home. They were supported to eat balanced diets that promoted good health.

People had access to external healthcare professionals when required. They received regular health checks from the dentist, optician and chiropodist.

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.

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

Risks were identified and managed in ways that enabled people to make their own choices and to be as independent as possible.

Staff understood the procedures in place to safeguard people from abuse.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs and preferences.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home.

Is the service effective?

Good

The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

The registered manager and staff had a good understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People played an active role in planning their meals and were supported to eat balanced diets that promoted good health.

People had access to external healthcare professionals when they needed to.

Is the service caring?

Good

The service was caring.

Staff knew people well and displayed kindness and compassion when supporting them.

Staff treated people with respect and their dignity was maintained. Staff communicated with people in a way that met their individual needs.

People were involved in day to day decisions and supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received support that was individualised and responsive to their needs. There was clear guidance in place and staff had a good understanding of people's individual needs.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in activities of their choice and staff supported them to participate if they wanted to.

A complaints policy was in place and people approached the manager or staff with any concerns. People were listened to and their comments acted upon.

Is the service well-led?

Good

The service was well-led

The registered manager had created an open, transparent and inclusive atmosphere. He was prepared to go beyond what was expected of him as a registered manager to protect people and ensure they maintained a good quality of life.

The registered manager had a good oversight of the home. He worked with staff to promote continual learning and development to improve people's lives.

Staff were aware of their responsibilities and told us they felt well supported by the registered manager and their colleagues.

Jemini Response Limited - 17 Jerome Close

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 was planned to check 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.

We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the home supporting people who use the service. We needed to be sure that they would be available. The inspection took place on 10 and 11 October 2016.

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. Experts by experience are people who have direct experience of using health and social care services.

Before our inspection the provider had 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 reviewed the information we held about the home, including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made 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. These included staff files including staff recruitment, training and supervision records, medicine records complaint records , accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We also looked at four support plans and risk assessments along with other relevant

documentation to support our findings.

During the inspection, we spoke with people who lived at the home, seven staff members including the registered manager and deputy manager. Following the inspection we contacted and obtained feedback from relatives of two people who lived at the home and two health and social care professionals.

We observed the support which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meals. As some people had difficulties in verbal communication we spent time observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience for people who could not talk with us.

Good

Is the service safe?

Our findings

Although they could not tell us they felt safe we observed people and saw they were comfortable in the presence of staff. They approached staff and engaged with them freely. People were able to communicate with staff if they were distressed or uncomfortable. A relative told us their loved one was safe at the home. They said, "I'm happy leaving, I know they're comfortable and well looked after." They also told us staff were, "Carefully picked" to make sure they had the necessary skills to work with people at the home.

People had been protected against the risks associated with the unsafe management of medicines. Medicines were stored, administered, recorded and disposed of safely and records were in place to reflect this. Medicines were given to people individually and staff involved people in the whole process. Staff reminded people when it was time to take their medicines. They showed the person the Medicine Administration Record (MAR) which included a photo of the person. They showed the name of the medicine to the person and dispensed it from the blister pack. Throughout the process staff repeated the person's name and waited for the person to acknowledge them. Medicines were given one at a time and signed when they had been taken. We observed people engaged and participated with the process. When possible two staff were involved in the medicine process. Staff told us, on occasions if colleagues were engaged in supporting other people it may not always be appropriate to leave them. We observed one person informing a second member of staff they were needed to witness their medicines.

Some people had been prescribed 'as required' (PRN) medicines which they took if they needed them, for example if they were experiencing pain. Staff asked people if they required these when they gave them their medicines. Staff knew people well they had a good understanding of how people demonstrated when they in pain. This meant they were able to support people who were less able to verbally express their needs. When PRN medicine was given staff recorded why it had been given. Staff received training and had their competencies assessed to ensure they had the appropriate knowledge and skills to administer medicines.

There were enough staff to keep people safe and meet their individual needs. Due to their complex needs people required the support of either one to one or two to one staff support throughout the day. We observed there were enough staff on duty to ensure this happened. People had access to staff when they needed them and had the appropriate support both in the home and when they went out. There was a current reliance on agency staff to cover some shifts, however these were regular agency staff who knew people well. There was ongoing recruitment to fill the vacancies.

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 recent photograph, written references and a Disclosure and Barring System (police) check, in addition to other required documentation. The provider required two references for staff commencing work, where only one had been received prior to staff commencing induction we saw reminder letters had been sent out. There was a recruitment processes in place that ensured staff employed were suitable to work at the home and had the appropriate skills to undertake their allocated role. Records included application forms, interview records, identification, two references and a full employment history. Each member of staff had a disclosure and barring check (DBS).

These checks identify if prospective staff had a criminal record or were barred from working with children or adults.

People were protected against the risks of harm and abuse. Staff received safeguarding training and regular updates. They had a clear understanding of what may constitute abuse. One staff member said, "It could be so many things, it could be physical or financial. Also, it could be when people don't get the right support or not allowed choices." Staff were able to tell us what actions they would take if they believed a person was at risk. This included informing the most senior person on duty and referring to external agencies such as the local safeguarding team. Staff were aware of their own responsibilities to ensure concerns were reported appropriately. One staff member told us, "I always report to the manager or most senior on duty, I also follow up what I've reported so I know what's been done. If I wasn't happy I'd just take it further."

Care plans and risk assessments contained specific guidance about how staff should support people to keep them safe. Risks to people were identified and plans were in place to manage them whilst protecting people's freedom and supporting them to maintain their independence. Due to their complex needs associated with living with autism on occasions people displayed behaviours that may challenge themselves or others. The care plans included information about how people may react to specific situations, for example unfamiliar environments or a change in routine. There was information about how the person may present prior to an incident and action staff should take to prevent the situation from escalating. There was also guidance about what actions staff should take following any incident to ensure the person remained safe and the situation was de-escalated.

When an incident or accident occurred staff completed a form which described the incident and any other information. This included how the person was prior to the incident, what may have triggered the incident, how it was resolved, whether the person sustained any injury or if medical attention was required. Staff were also updated about incidents at each handover and the information was recorded on the daily notes and the handover sheet so that staff had access to the information at any time. If people were identified as having a bruise or any other injury there were recorded and investigations undertaken to determine how it may have occurred. For example if it was related to a previous incident that had occurred. Incidents were reviewed at people's monthly key worker reviews to identify possible triggers, themes and trends.

Personal emergency evacuation plans were in place. These were detailed and contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in event of an emergency evacuation. The home was staffed 24 hours a day which meant staff were available in case of any emergency.

Good

Is the service effective?

Our findings

People received support from staff who knew them well, they had a good understanding of people's needs and the knowledge and skills to do this appropriately. People were supported to eat and drink food that they enjoyed. A relative told us staff had listened to their concerns about their loved one's health. They said, "To me it was very important and they listened and they did, they got the support that was needed."

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There was currently DoLS authorisation and applications in place for people as they were under constant supervision by staff. There was information in people's care plans about how the support they received may deprive them of their liberty, for example if they displayed behaviour that may challenge themselves or others. This had been explained to people in ways they could understand for example it had been presented in pictures or Makaton and staff had documented the person's level of understanding of the explanation. Makaton is a language programme which uses signs and symbols to help people to communicate. Other people responded better to single word conversation and for example pointing or gesturing towards an object.

Care plans also included information about decisions people could make for themselves. For example people were able to make decisions about everyday events such as what to eat and what to do. However, they required support from others to make other decisions. Where specific decisions were required that people were unable to make for themselves appropriate representatives for example relatives and health and social care professionals where involved to support this process to ensure people's choices and rights were fully considered. One staff member told us, "Everybody can make some decisions; even if we don't agree with them as long as they are safe people make their choices." Another staff member said, "If people are unable to make their own decisions then we will hold a best interest meeting."

When staff started working at the home they completed an induction and 'shadowed' experienced members of staff to ensure they were competent to work unsupervised. This included an introduction to the policies and procedures and essential training. They then spent time at the home getting to know people, shadowing other staff, reading care plans, risk assessments and other documentation. Staff new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. It ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were observed in practice and discussions were held with them to check their knowledge and understanding.

Staff spoke positively about the induction. They told us it provided them with the information they needed to support people.

Staff received the training and support they required to look after people at the home. There was an ongoing training programme and training updates were identified by the registered manager and completed by staff as necessary. Staff received training in relation to infection control, fire safety and first aid. In addition they received training specific to peoples' needs, for example autism, epilepsy and Positive Behavioural Support (PBS). PBS training ensures that staff can effectively deliver person-centred support for people whose behaviour may challenge themselves or others. Some people used Makaton to help them communicate and staff told us they received training to support them before they worked with them. To support staff learning there was a Makaton sign of the week at the home and staff were reminded of this at handover.

Staff told us the training they received supported them to provide people with the support they needed. We saw future training updates had been booked and reminders to staff to complete their training. We observed senior staff were observant and attentive to detail of the support provided. Staff were reminded of how to support people and given advice and support. One person displayed behaviours that may challenge themselves or others. We observed senior staff observed the situation and discreetly offered support without undermining the staff member who was supporting the person.

Staff received regular supervision and this provided staff with the opportunity to discuss any concerns, workloads and personal development with their line manager. Records of the supervisions showed that they were also used to evaluate the training received by staff and highlight any further training that may be required or staff felt was necessary. Staff told us they found supervision beneficial as it gave them the opportunity to focus on their own progress and development. They said although they had regular supervision they were supported by the registered manager and deputy managers who they could talk to at any time.

People were supported to maintain good health and received on-going healthcare support. We saw from records people were supported to maintain good health from the appropriate healthcare professionals. People saw the doctor, dentist, optician and chiropodist when needed. Where people had specific health needs they received regular checks and advice. Where people's health changed they were supported to obtain appropriate care and treatment. Visiting healthcare professionals told us staff responded appropriately to ensure people maintained good health.

People had care passports in place which they took with them if they needed to go into hospital. These are communication booklets which provide important information about the person. They included important information and provided healthcare staff with straightforward guidance about supporting the person. When people needed to visit the doctor or hospital, arrangements had been put in place to ensure all professionals involved were aware of the person's individual needs and the support they required in relation to their autism.

People's nutritional needs were well managed. People had a choice of food and drink throughout the day and were encouraged to eat meals that were nutritious and healthy. People indicated to us that they enjoyed their meals. They were supported to choose and prepare their own breakfast and lunch with staff who were supporting them and these meals were eaten at times that suited them. The main meal was eaten in the evening and people took it in turns, with support from staff, to shop for food then prepare and cook meals for others at the home. There were pictorial menus in place and detailed guidance for staff to follow to ensure people received the support they needed. There were a variety of snacks and drinks available for people throughout the day. Staff reminded people to have regular drinks and supported them to make

healthy choices. Some people enjoyed going out for snacks and drinks and this was included in people's timetables.

Staff were aware of how people, who were unable to communicate verbally, let them know they needed something to eat or drink, for example entering the kitchen. There was guidance in care plans about the support people needed whilst eating and drinking. This included ensuring people did not eat too quickly. One person was prone to storing food in their mouth and there was guidance for staff to cut their food to reduce the risk of choking. People's daily food and drink intake was recorded which enabled staff to identify if the person was unwell and people were weighed regularly to ensure their weight remained within acceptable limits.

Good

Is the service caring?

Our findings

Throughout the inspection we observed that staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and supportive, and people appeared to be happy and having fun. People had timetables in place which showed what they were going to do each day. These had been developed with them, they were based on their choices and what they liked to do. Staff supported people to maintain their independence as far as possible. People were regularly praised when they had completed an activity or task and staff emphasised the importance of making people feel good about themselves and have a good self-image. Relatives told us people had lived at the home for a number of years. One relative told us how staff had supported their loved one through many stages of their life. They said, "They're brilliant, I can't fault the care my loved one is settled because of their care and diligence." Another relative told us, "It's made such a positive difference being here, he's come on in leaps and bounds."

Staff knowledge and understanding of people enabled them to communicate well. Communication passports were in place and included information about how people communicated. Communication passports are a tool which clearly explains the unique ways in which a person communicates. For example one person's passport stated if they were anxious they may bite their own hand. The passports are used to assist any staff member or professional to communicate effectively with people and are a person-centred way of supporting people who cannot easily speak for themselves. We observed staff communicating with people throughout the day in a way that met their individual needs. Some people used Makaton or an adapted form of Makaton to suit the individual.
Staff knew people well and treated them as individuals; they were able to tell us about their traits, personalities choices, personal histories and interests. They were able to talk about these without referring to people's care records. People were involved in decisions about their day to day care and support. Due to their complex needs routines were important for people and these were in place. However, we observed people being given choices within their routines. One person had declined to get up in the morning, staff respected this and the person got up when they were ready. People were well presented and well cared for. They were supported by staff to dress according to their individual tastes. A relative told us their loved one wanted to do a lot for themselves and this was supported and encouraged.

Staff helped people to maintain their uniqueness and individuality. Staff cared about people. They demonstrated compassion and affection for people they supported. During the inspection staff had identified some progress and a new ability for one person. Staff were genuinely pleased and excited about the development and were working together to find ways of developing the skill further.
Due to their complex needs some people's bedrooms were minimally furnished. Where possible they were decorated to reflect the person's own style and reflected their needs and choices.

People's privacy and dignity was respected. Staff knocked bedroom doors and waited for a reply before they entered the room. When people used the bathroom staff were attentive to ensure another person did not attempt to enter. Although people required one to one support staff ensured their privacy was maintained for example when receiving personal care. We observed staff outside of the bathroom who asked the person

if they needed any help. They were able to maintain communication with the person whilst ensuring their privacy. People did not always ensure doors were closed, when for example they wished to change their clothes. Staff ensured this was always done. On occasions some people displayed behaviour that may challenge themselves or others and this could happen in public areas outside of the home. Staff told us how they supported the person with calmness and professionalism, focussing on the person to ensure they were safe and maintain their dignity. A relative told us staff had continued to treat their loved one with dignity and respect throughout the time they had lived at the home.

People were supported to maintain relationships with family and friends. There was information in their care plans about people who were important to them. There were care plans in place which showed how people were supported to continue these relationships. This included regular visits with the support of staff where required. A relative told us they were able to visit whenever they chose but added, they had to, "Fit in with their loved one's busy schedule." They also told us maintaining the contact had enabled their relationship to "Flourish" and they had a "Very comfortable, perfect relationship."

Good

Is the service responsive?

Our findings

People received support that was responsive to their needs and was personalised to their individual choices and preferences. Staff knew people well and had a good understanding of the support they needed. A visiting professional told us, "Everyone is treated as an individual, staff's understanding of person-centred is 'top-end'." A relative told us staff knew their loved one really well, they understood the person as an adult and as a fun person.

Care plans contained information staff required to support people. They included a one page passport which was an overview of the person and their support needs. There was information about how autism affected each person, a communication booklet and a range of care plans and behaviour support plans. They were detailed and person-centred and contained information about how to support people at home and away from the home. The care plans were cross-referenced and provided a comprehensive guide for staff to support people. We observed staff provided support as detailed in the care plans. These were reviewed regularly and relatives and representatives were involved and updated. A relative told us they were updated about any changes in their loved ones care, support or health needs. They told us they could phone the home and speak to staff whenever they wished. They said, "There's always been freedom of communication, I'm involved and we have a good exchange."

Care plans informed staff to 'tune in' with people at the start of each shift. Staff explained how they sat in one person's bedroom. If the person was asleep they would not wake them but would remain alert and attentive. When the person awoke they would see somebody demonstrating through facial expression they were happy and ready to engage. Staff told us, "There's nothing worse than waking up and seeing someone who's not interested. By tuning in we show the person we are ready to start the day when they are."

People had complex needs and required support of one or two staff. Routines were an important part of people's day and staff were aware these needed to be followed to ensure consistency. There were timetables in place so people knew what they were doing each day. Some of these were in pictorial format and staff also reminded people. They included cleaning and tidying the home and cooking meals. We observed one person hoovering the lounge. Staff prompted and guided the person and praised them for what they had done. One person's care plan reminded staff of the route they should take when leaving the home with the person to maintain predictability and structure and reduce the risk of the person becoming upset if their schedule was changed. Timetables had been developed with people and were based on what they liked to do. This included swimming, shopping and going out for a walk. Despite their routines people were able to make their own changes. During the inspection one person had chosen not to get off the bus at their usual stop. The staff member told us they had stood up to get off the bus and the person pulled their hand to sit back down. The staff member clarified this was what the person wanted and they got off the bus at another stop that was familiar to the person. The staff member said, "I don't know why but it was clear they didn't want to get off, it's up to them."

Within the routines people were able to work at their own pace. Staff supported them; they did not hurry them but did remind them what their plans were for the day. Some people used objects of reference to

remind them of their routine. We observed one person holding a car key whilst choosing their breakfast. This meant the person understood they were going out in the car after they had eaten. Another person was reminded of their routine through the use of red, amber and green cards. We saw the person was engaged in an activity and staff reminded them they were going to cook dinner. They showed the person the amber card which reinforced what they had been told. When staff reminded the person it was time to cook dinner they stopped what they were doing and assisted staff. All staff carried a set of the coloured cards. They told us these were used with people if they displayed behaviour that may challenge. One staff member said, "If we need to ask someone to stop we show them the red card, it reinforces what we are telling them."

People had objectives which had been developed with them and staff. We saw one person's objective was to tie their hair back at meal times, another person was to use a picture at meal times to demonstrate when they wanted a drink. This was reviewed each day in the daily report to demonstrate improvements and progress.

Some people displayed behaviours that may challenge themselves and others. Care plans contained detailed guidance for staff about how to identify potential triggers, how the person may present and what steps staff should take to distract the person. Following an incident there was information for staff dependant on the level of the incident. This was to ensure the person was settled, had not received any injuries and measures put in place to reduce the risk of a reoccurrence.

Care and support was person centred and adaptions were made to ensure it met people's individual needs and choices. People found it difficult when they were in new surroundings so staff ensured people were well supported in these situations. There was an arrangement with people's GP's that they would be seen as soon as they arrived at the surgery. A representative from the surgery told us, "When people arrive for their appointment they are always the next person to go in. We understand they are unable to wait and staff have made these arrangements with the doctors." Staff were currently working with a learning disability psychiatrist to review people's medicines. To reduce the stress on people it had been arranged this would take place at the home rather than in a clinic setting. One person had recently required an operation at the local hospital. The registered manager had ensured all professionals involved were aware of the person's specific needs. Systems had been put into place to ensure staff that were familiar to them remained with the person at all times before and after the operation. The registered manager told us this had worked well, the person had not been stressed or anxious and had now returned to full health.

The daily report reflected what people had done during the day, this included activities, interactions, communication and health issues. If any incidents had occurred there was information about any triggers which may have occurred prior to the incident. Staff were updated about people's support needs, any significant events and changes. This meant all staff were aware of people's needs.

There was a complaints policy in place and people were asked regularly if they were happy with their support or if there was anything they would like to do differently. Whilst not complaints, we saw staff were attentive to people's needs and responded to people's concerns as they arose.
There was a complaints log in place; there had been no recent complaints and we saw previous complaints had been responded to appropriately. Any concerns or complaints that arose were documented on the daily handover sheet so all staff were aware of what had happened and the action that had been taken.

Good

Is the service well-led?

Our findings

The registered manager had created an open, transparent and inclusive culture at the home. The emphasis was on creating the best environment possible for people to live. The philosophy was centred on the belief that everyone had the capacity to be seen and treated as an individual, exercise choice, control and independence, use every moment as potential for meaningful engagement and develop experience and skills. This was evident in all staff we spoke with and was demonstrated throughout the inspection. People knew the registered manager well and were comfortable in his company, they approached him and engaged with him freely. A relative told us there was an open door policy at the home. They told us there were opportunities for their loved one to develop and improve their skills and this had been encouraged and supported. One relative told us their loved one had achieved more than they ever expected. They said, "We are very lucky to have found this home." Another relative told us, "They're excellent, they do what they say they'll do and more."

The registered manager was passionate about ensuring people's needs were met, their rights protected and they were supported in a caring and safe environment. He was prepared to go beyond what was expected of him as a registered manager to protect people and ensure they maintained a good quality of life. He told us, and we saw evidence throughout the inspection, that safeguarding people was of paramount importance and he would not be involved in any situation that would compromise people's safety or impact on their well-being. This demonstrates the registered manager as an excellent role model who ensured people, their safety and well-being were at the heart of the service.

The registered manager was a visible presence around the home and he supported staff to improve their practice to further improve people's lives. Staff had a clear understanding of their roles and responsibilities and the registered manager supported them to maintain these and improve their practice. Staff spoke highly of the registered manager and the support they received within the home. One staff member told us, "He teaches you how to be a better practitioner, to always analyse, observe and question everything." Following an incident staff would discuss what had happened and identify what may be done to prevent a reoccurrence. Through these discussions staff were able to identify potential triggers and understand the importance of following people's routines.

There were key workers and team leaders in place with specific responsibilities. These roles were being developed and redefined. For example the registered manager had identified in the PIR he was working to reduce the amount of staff who had dual key worker and team leader responsibilities to ensure staff were able to focus on individual roles. This meant key workers would spend more time working with the person they were assigned to and improve that person's experiences.

There were systems in place for monitoring the management and quality of the home and these were detailed on the handover document and staff were aware of their individual responsibilities. There were some gaps in the quality assurance documentation, the registered manager told us this was due to a current reliance on agency staff however it did not impact on the quality of care or the service people received. There were a range of policies in place and these were currently being updated to ensure they reflected the

current regulations.

Within the PIR the registered manager had identified areas of development which were being introduced. The use of Positive Behaviour Support was being developed through training and developing the care plans. The Disability Distress Assessment Tool (DisDAT) was also being introduced. This tool was designed to help identify distress in people who have severe limited communication. When completed this would help staff identify if the person might be in pain or discomfort and require medical attention.