

Community Homes of Intensive Care and Education Limited

Red Roof

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

This unannounced inspection of Red Roof took place on 29 February and 1 March 2016. The home provides accommodation and support for up to eight people who have learning disabilities, autism or mental health diagnoses. The primary aim at Red Roof is to support people to lead a full and active life within their local communities and continue with life-long learning and personal development. The service consists of a large detached house with a small bungalow annexe in the rear garden divided into two self-contained apartments. At the time of the inspection there were eight people living in the home.

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

People told us they felt safe at Red Roof supported by staff who knew them well. People benefited from the consistency and continuity of care and support provided by staff who knew how to protect and keep them safe. Staff had completed safeguarding training and had access to current legislation and guidance. Staff had identified and responded appropriately to safeguarding incidents to protect people from harm. People were safeguarded from the risk of abuse as incidents were reported and acted upon.

People were protected from potential harm associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible.

There were sufficient numbers of staff deployed with the necessary experience and skills to support people safely. The registered manager completed a weekly staffing needs analysis in order to ensure that any changes in people's needs were met by enough suitable staff. Staff told us there were enough staff to respond immediately when people required support, which we observed in practice. The registered manager completed required pre-employment checks to ensure people were protected from the risk of being supported by unsuitable staff. Staff had received an induction into their role, required training and regular supervision which prepared them to carry out their roles and responsibilities. People were cared for by sufficient numbers of well trained staff who were effectively supported by the registered manager and senior staff.

Medicines were administered safely in a way people preferred, by trained staff who had their competency regularly assessed by the registered manager. Medicines were checked and administered by two staff at all times, to ensure that safe procedures were followed.

People were actively involved in making decisions about their care and were always asked for their consent before any support was provided. Staff supported people to identify their individual wishes and needs by using their individual and unique methods of communication. People were encouraged to be as

independent as they were able to be, as safely as possible.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The MCA 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made in their best interests. People were supported by staff to make day to day decisions.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager had completed appropriate DoLS applications where required, which had been authorised. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

Staff were aware of people's health needs, and quickly recognised when they were unwell. Where people's needs had changed these were identified by staff and reported to relevant healthcare services promptly, to ensure they received effective treatment. Staff understood the impact of health appointments on people's anxieties, and liaised in advance with healthcare services to minimise any distress.

Staff had developed trusting and caring relationships with people and spoke with passion about people's needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them.

The caring qualities of prospective care staff were evaluated through the provider's recruitment and induction process, which was confirmed by records. Staff had undertaken equality and diversity training and understood how to support people to maintain their privacy and dignity.

The registered manager and other supervisors had completed training in relation to person centred care planning, which records confirmed. This ensured people's care plans accurately reflected their wishes in relation to the way staff were to support their assessed needs. Staff had undertaken personalised care training to ensure they delivered care tailored to meet people's needs in accordance with their support plans.

The provider had deployed sufficient staff to provide stimulating activities for people. The activities programme ensured people were supported to participate in social activities which protected them from social isolation.

People had access to information about how to make a complaint, which was provided in an accessible format to meet their needs. All complaints had been acknowledged, recorded and investigated in accordance with the provider's policy, to the satisfaction of the complainant.

The registered manager operated a system of regular audits to assess and monitor the quality of the service provided and to identify and plan required improvements. The provider also completed monthly

compliance audits and an annual survey to monitor the quality of the service provided.

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to provide the required support to meet people's needs. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff.

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 received good continuity of care from trusted staff who knew them well, which made them feel safe. Staff understood how to keep people safe and how to raise concerns if they had them.

Risks to people were identified and effectively managed by staff to ensure people's safety.

Sufficient numbers of suitable staff were deployed to ensure people's needs were met safely. Safe recruitment practices were followed and completed before staff were employed to work with people.

People were protected against the risks associated with medicines by staff who administered their prescribed medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision to enable them to effectively meet people's assessed health and care needs.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent, mental capacity and DoLS.

People were encouraged to maintain a nutritious, healthy diet and identified dietary needs and risks were managed effectively.

Staff were alert and responsive to changes in people's needs. Staff ensured people accessed health care services promptly when required and were supported to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and compassion in their day to day care by staff who responded to their needs quickly. Staff were thoughtful and showed concern for people's wellbeing in a caring and meaningful way.

People were actively involved in making decisions and planning their own care and support. People told us they were able to make choices about their day to day lives and staff respected those choices.

Staff promoted people's dignity by treating them as individuals and respecting their diversity. Staff took time to listen to people and make sure they understood their wishes.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was tailored to meet their individual needs. Staff promoted people's confidence and independence to empower them to live their lives as they wanted.

The registered manager sought feedback from people, relatives and supporting health and social care professionals, which they acted upon.

Complaints were managed in accordance with the provider's policy. People were provided with information about how to complain, which was accessible and in a format of their choice. Learning from complaints had been used by the registered manager to drive improvements in the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of people's care.

The registered manager carried out regular audits to monitor the

quality of the service and drive improvements.

Red Roof

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. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of Red Roof took place on 29 February and 1 March 2016. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result this inspection was carried out by one inspector.

Before the inspection we read all of the notifications received about the home. Providers have to tell us about important and significant events relating to the service they provide using a notification. The registered manager had completed a Provider Information Return (PIR) about the home. 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. However due to technical issues we were unable to review this before the inspection commenced. We gathered this information during the inspection. We also looked at the provider's website to identify their published values and details of the care and services they provided.

During our inspection we spoke with the eight people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of each person.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the registered manager, the deputy manager, assistant manager, activities coordinator, an assistant psychologist, and twelve staff. We also spoke with a person's relative and a deputy manager from another home within the provider's care group.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at 12 staff recruitment, supervision and training files. We looked at the individual supervision records, appraisals and training certificates within these files. We examined the registered manager's schedules which demonstrated how people's care reviews and staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering January and February 2016, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the relatives of five people, three health and social care professionals and two education professionals. These health and social care professionals and education professionals were involved in the support of people living at the home. We also spoke with commissioners of the service. We spoke with a person's Independent Mental Capacity Advocate (IMCA). IMCAS help people who are assessed to lack capacity about medical treatment or where they live, and have no family or friends that it would be appropriate to consult with about those decisions.

This was the first inspection of Red Roof since it began to provide a service in June 2014.

Is the service safe?

Our findings

People told us they were happy at Red Roof and were supported by staff who made them feel safe. One person told us, "The carers (staff) look after me and listen to me when I'm not happy about something." Another person praised their keyworker, who they could "Talk to about anything." A keyworker is a designated staff member responsible for ensuring people's care needs are met. One person told us, "I have been assessed to have mental capacity so I can do what I want even if some people think I can't, but I know they (staff) do everything they can to give me good advice to keep me safe."

Relatives told us their loved one was safe because staff knew people well and quickly identified and intervened when they required support. One relative told us, "You have to know (their family member) and how to respond to him otherwise you just make things worse. The staff are really good at spotting the signs and know how to respond to calm him down to keep him safe."

Staff had completed the provider's required safeguarding training and were able to explain their role and responsibility to protect people from abuse. Records including the provider's training schedule and staff files confirmed that staff safeguarding training was up to date. Staff and people had access to current local authority and government guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Posters in the home reminded staff of their responsibility to protect people from abuse. Keyworkers told us how they spent time explaining to people how to keep safe, which people confirmed. Staff were aware of the provider's policies to protect people, and were able to describe the procedure to raise concerns internally and externally when required. Staff knew who to inform and their contact details. Minutes of a meeting held by people using the service in January 2016 detailed the provider's safeguarding policy and what people needed to know about how to keep themselves and others safe. People were protected from abuse because staff were trained and understood the actions required to keep people safe.

Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. There had been six incidents since the service began in June 2014, which had been referred to the local safeguarding authority. These incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. Where required staff had been subject to the provider's disciplinary procedures and had undertaken further training, for example, in relation to physical interventions.

The registered manager had reviewed people's risk assessments and behaviour management plans. When required they implemented changes to ensure people were safe and identified risks were reduced. The provider safeguarded people against the risk of abuse and took prompt action if they suspected people were at risk of harm to keep them safe.

People were protected from potential harm associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible.

Specific risks to each person had been identified, assessed, and actions taken to protect them. Risk assessments were proportionate, centred on the needs of the person and gave staff clear guidance to follow in order to provide the required support to keep people safe. This included risks in relation to their daily lives within the home and whilst accessing the community. Staff understood the risks to individuals and demonstrated how they supported people in accordance with their risk management plans. One staff member told us, "We love to support people to do everything they want to but need to make sure they are safe and find ways to do things that make it safe." People's support plans noted what support people needed to keep safe, for example: In relation to safety awareness and completing activities, such as swimming and using gym equipment. These risk assessments also detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others.

Where people had experienced epilepsy they had a care plan which contained an epilepsy management protocol. Staff were able to describe the different types of seizures people may experience and the actions to take to support them in accordance with their care plan. Epilepsy monitoring charts had been completed and analysed regularly to ensure all available information was considered when staff reviewed these risk assessments and support plans. People's epilepsy support plans were reviewed on a regular basis and potential risks were managed safely.

If people displayed behaviours which may challenge, these were monitored by the registered manager and the provider's psychology team. Where required, referrals had been made to the community learning disability team and mental health professionals for guidance. The guidance and advice provided had been recorded and followed in practice by staff. Staff were able to describe the signs and triggers which may be the cause of such behaviours for each individual. During our inspection people's human rights were protected by staff promptly using sensitive intervention techniques, in accordance with people's positive behaviour management plans. This ensured risks to people associated with their behaviours were managed safely.

People's records contained essential information about them which may be required in the event of an emergency, for example; if they required support from external health professionals. Information included people's means of communication, medicines, known allergies and the support they required. This ensured health professionals would have the required information in order to be able to support people safely. People were kept safe because staff had access to relevant information which they could act upon in an emergency.

People had access to their money whenever they required and were supported by staff to ensure they were protected from financial abuse. On the day of our inspection we observed a person supported on a visit to the local shopping centre to purchase items of their choice. Staff supported people to manage their finances and protected them from the risk of financial abuse by adhering to the provider's recording processes.

Records demonstrated that fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly to ensure they were in good working order. Other checks in the home, such as gas and electrical safety certification, protected people from environmental risks in the home. Maintenance staff attended promptly when contacted by staff at Red Roof to repair damage which may cause risk to people and others visiting the home. The premises and equipment were maintained effectively to ensure people were safe within the home.

The registered manager and deputy manager completed a daily staffing needs analysis to ensure there were always sufficient numbers of staff with the necessary experience and skills to support people safely. This was confirmed by staff and rosters we reviewed for January and February 2016. The registered manager told us

there were two staff vacancies and three prospective staff were in the process of completing the recruitment process. Staff told us there were enough staff to respond immediately when people required support, which we observed in practice. The deputy manager explained that when people were displaying behaviours which may challenge then staff either worked overtime to support colleagues or further staff were called in. Records confirmed that the home was not using agency staff. People benefited from the consistency and continuity of care provided by sufficient staff who knew how to support them and keep them safe.

Staff had undergone pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role related interview before being appointed. One person living at Red Roof told us they took part in the selection process of new staff, which was confirmed by recruitment files reviewed. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider and people using the service.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by the registered manager. This was confirmed by staff and their training records. Medicines were checked and administered by two staff at all times, to ensure that safe procedures were followed.

Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. Where people took medicines 'As required' or 'Homely remedies' there was guidance for staff about their use. 'As required' medicines are those which people take only when needed. 'Homely remedies' are medicines the public can buy over the counter to treat minor illnesses like headaches and colds. People had a protocol in place for these medicines and remedies. Staff were able to explain under what circumstances they would administer such medicines, in accordance with people's individual protocols.

The home had a secure room dedicated to the safe storage of medicines. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. People's prescribed medicines were stored safely in accordance with current legislation and guidance.

People had medicines risk assessments to manage the risks associated with the use of their medicines. People's medicine administration records (MAR's) had been correctly signed by staff to record when their medicine had been administered and the dose. When people went out for the day, or on weekend visits or holidays, they took their medicines with them. There were processes for staff to document what medicines the person had taken with them and what medicines they brought back when they returned.

Is the service effective?

Our findings

People and their relatives praised the registered manager and staff for providing effective care and support. People told us staff knew their needs and how they wished to be supported. One person told us, "I like (keyworker) because they always talk to me and explain what is happening." A relative told us, "The staff are well trained to support people when they display behaviour which may worry some people. I have been there on visits and have often seen staff intervene quickly to reassure people." A health and social care professional told us, "The manager and staff support people to live their lives the way they choose while meeting their needs effectively."

Staff completed an induction course based on nationally recognised standards and spent time working alongside experienced colleagues. New staff had their competency assessed by managers before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively.

We spoke with two new members of staff who told us their induction programme gave them the skills and confidence to carry out their role effectively. The provider had reviewed the induction process to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff told us they had completed weekly support meetings with the registered manager and other supervisors. These meetings enabled the registered manager to ensure new staff had received the appropriate training and preparation for working with people in the home. New staff told us the registered manager and deputy manager had sought their feedback regarding their induction so they could adopt suggestions to improve it.

The provider's required staff training was up to date, including safeguarding people from abuse, moving and positioning, the Mental Capacity Act 2005, fire safety, food hygiene and infection control. This ensured staff understood how to meet people's support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively. People were supported by staff who had the necessary skills and knowledge to meet their needs.

The provider had enabled further staff training to meet the specific needs of the people they supported, including autism, learning disability, epilepsy, positive behaviour management and intensive interaction. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development. Records demonstrated that managers and senior staff had completed management courses relevant to their roles and responsibilities. The provider had established an academy to provide opportunities to develop all of their staff. For example; we spoke with two supervisors who had commenced a foundation management course.

Staff told us the management team were approachable and supportive. Staff received an annual appraisal and formal supervision every eight weeks. Supervision records identified staff aspirations and plans to achieve them. Where required the registered manager had addressed any issues relating to performance and action plans were reviewed at the start of the next supervision to check on progress made. Supervisions

afforded staff a formal opportunity to communicate any problems to the management team and suggest ways in which the service could improve. Staff told us that the registered manager was a good listener and encouraged staff to speak with them about their ideas or concerns. Staff received effective supervision, training and support to carry out their roles and responsibilities.

Monthly staff meetings provided an opportunity to discuss issues and ideas to support people. We reviewed minutes of staff meetings between November 2015 and February 2016 which reinforced training and best practice, for example; How to report safeguarding allegations correctly and how to record physical interventions by staff. These minutes also addressed concerns raised by staff and recorded the advice and guidance provided by the management team.

Staff supported people to identify their individual wishes and needs by using their individual methods of communication, in accordance with their care plan. For example; We observed staff support one person who became anxious to go to their favourite quiet place, where they felt more relaxed to consider their decisions. Wherever possible people were supported to make their own decisions and choices. People's human rights were protected by staff who demonstrated clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance. Relatives and health and social care professionals told us that the registered manager actively involved them in all decisions relating to people's care and support.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff supported people to make informed decisions, and followed people's wishes if they declined offered support. Records demonstrated that a process of mental capacity assessment and best interest decisions promoted people's safety and welfare when necessary.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for five people in the home, in accordance with legislation. At the time of our inspection four of these were authorised, with the other one in the process of review and authorisation. Paperwork associated with applications demonstrated that the lawful process of mental capacity assessment and best interest decisions was completed before applications were submitted. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

A health professional told us they had been impressed by the commitment of staff supporting one individual with mental health issues, where the effective use of less restrictive methods of support, including symptom recognition and sleep control, had led to a marked reduction in the level of their prescribed medicine.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. If staff identified concerns for people's well-being they were referred to the dietician and speech and language therapist. We observed communal mealtimes where people and staff ate together. People were provided with appropriate support to eat at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, protecting them from harm and promoting their dignity.

Staff were aware of people's health needs, and quickly recognised when they were unwell. Staff understood the impact of health appointments on people's anxieties, and liaised in advance with healthcare services to minimise any distress. One person required regular blood tests as part of their treatment which they found extremely distressing. We noted staff had sought guidance from relevant health professionals and now the person underwent a scanning process, which they found to be far less distressing.

Records demonstrated that staff had made prompt referrals to relevant health professionals when required, for example; One person was referred to a speech and language therapist (SALT) when they experienced a choking incident. We observed staff implement the guidance provided by the SALT when supporting the person to eat. Records demonstrated one person who experienced toothache was referred for urgent dental treatment and had some teeth extracted. Another person told us they had experienced difficulty walking and the registered manager had referred them to an occupational therapist for support, which records confirmed.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians, community nurses and dentists. Each person had an individual health action plan which detailed the completion of important monthly health checks.

Is the service caring?

Our findings

People told us staff always treated them with respect and kindness, which we observed in practice. One person told us, "They (staff) always care for me and help me when I am worried. They listen to me and talk to me." Relatives told us that staff were caring and compassionate while supporting their family member. One relative told us, "The carers are always positive and look after (their loved one) as one of their own family." Another relative told us, "It is like one big family. The staff are very good at making sure everybody is included and nobody feels left out."

There was a supportive family atmosphere at Red Roof, where people and staff demonstrated mutual respect and understanding for one another. Relatives and health and social care professionals told us that staff were dedicated to the people living at Red Roof. One health and social care professional told us how one person's anxiety had reduced dramatically due to the caring relationships developed with staff. At one point we observed this person wandering in the garden, looking lost and confused. A staff member approached and spoke with them compassionately which made the person smile and then spontaneously hug them. They then joined a group relaxing on the patio of the garden.

Relatives told us the staff supported people with patience and understanding, in accordance with their positive behaviour management plans. We observed attentive staff respond to people's needs, promptly offering people comfort and reassurance before they became upset. Staff understood behavioural triggers that could distress people and took action to prevent these situations from occurring, thereby supporting people's well-being. For example; We observed staff engage in a calm and relaxed manner with one person who was becoming distressed. The person became anxious to know when another person was returning to the home. We observed staff comfort the person and provide an explanation. This sensitive intervention culminated in the person happily laughing and joking with members of staff, before entering the kitchen to assist with meal preparation.

The provider had caring values and staff told us they took pride in creating a home for people where they felt safe and valued. One senior staff member told us, "This is people's home and I feel privileged to be able to support the people who live here. I wouldn't choose to work anywhere else." Another staff member told us, "Every day we strive for the outcomes people want and do our best to develop and earn their trust and friendship." We observed these values in action during our inspection and found staff were committed, patient and caring. The deputy manager told us Red Roof had won the provider's annual award in November 2015 for 'building relationships from different environments', which was confirmed in the provider's newsletter.

The views of people living at Red Roof were sought during the staff recruitment process. People who wished to be involved were invited to take part in the interview selection process. One person told us they always volunteered if they were available because it was important to choose "caring people." New members of staff told us they had been supported by other staff to develop their relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

Relatives told us the registered manager supported staff to develop caring relationships with people. One relative told us, "You can see the manager and care staff really care about people and the quality of their lives really matters to them." We observed the registered manager kindly discussing with one person their wish to eventually move into independent living accommodation. At the conclusion of the conversation the person told us they still maintained their ambition to live independently but had agreed that living at Red Roof was in their best interest for the time being.

Staff took time to listen to people and make sure they understood their wishes. Staff had developed trusting relationships with people and spoke with passion about peoples' needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff promoted people's dignity by treating them as individuals and respecting their diversity.

The provider had developed a system within the care group called 'Smile - Creating Friendships that go that extra mile'. This system supported people to build positive friendships with others. This process also supported people who had expressed a wish to meet a partner. One person told us they were interested in meeting other people to enjoy their favourite activities together, and were going to talk to (their keyworker) to create their 'Smile' profile.

When staff wished to discuss sensitive, personal matters with people they did so in private. Staff had discussed sensitive issues such as personal relationships with people, which had been treated with strict confidentiality, while ensuring they received the necessary support to maintain their well-being.

At the time of our inspection two people had recently experienced emotional distress within close personal relationships. People and relatives told us that staff treated them with compassion during this period, recognising when they were upset and providing sensitive support when required.

People were supported to keep in contact with their family and friends and maintain relationships with them. We observed one person who was supported on a shopping trip into the town centre to purchase a Mother's Day card and gift. During this shopping trip staff used language the person understood and continually reminded them of their positive achievements. Staff engaged people in conversations about things which interested them that did not just focus on the person's support needs, for example; One person enjoyed music, particularly listening to their favourite band, while another liked sport including football and rugby.

We observed that people were relaxed and happy in the company of staff and chose to spend time with them. Staff spoke with people in a thoughtful and considerate way to enquire how they were. A healthcare professional told us that on their visits to the home staff had always been attentive while supporting people.

Visitors were welcomed to the home and there were no restrictions on times or length of visits. A visiting relative told us, "They know how to support (their family member) whilst encouraging her to remain as independent as she can be." People told us they were encouraged to be as independent as possible. Health and social care professionals and relatives told us the staff worked closely with families and kept them fully involved in people's care as required.

People told us they were able to make choices about their day to day lives and staff respected these choices. Where required people had the opportunity to be supported in their decisions by an advocate. Advocacy is one person supporting another person to make their needs and wishes known. An advocate supports people to ensure they can make their own choices in life and have the chance to be as independent as they want to be.

The provider had created a directory of all available advocacy services local to people living at Red Roof. Three people were currently being supported by an advocacy service, including one Independent Mental Capacity Advocate (IMCA). An IMCA is a specialist advocate who safeguards the rights of people who lack mental capacity to make particular decisions and have no appropriate relative or friend to consult about those decisions. The IMCA told us the registered manager ensured they were involved in all relevant decisions made in the person's best interest.

The caring qualities of prospective care staff were evaluated through the provider's recruitment and induction process, which was confirmed by records. Staff had undertaken equality and diversity training and understood how to support people to maintain their privacy and dignity, for example; personal care tasks. Staff were able to clearly describe and demonstrate how they upheld people's privacy and dignity and how they encouraged people to be aware of their own dignity and privacy. We observed that people's preferences such as terms of address, bathing arrangements, and times they liked to get up and go to bed were noted and followed in practice.

When people displayed behaviours which may challenge others we observed discreet and sensitive interventions by staff, in accordance with people's positive behaviour support plans. We observed several incidents where staff had preserved people's dignity and privacy, while supporting them to positively manage their behaviour.

Is the service responsive?

Our findings

People told us that staff spoke with them on a daily basis to ensure they were happy and their needs were being met. One person told us their keyworker is, "Always talking to me and asking if everything is ok." People told us that the registered manager and staff were approachable and listened to what they were saying.

Relatives and health and social care professionals told us that people benefited from person centred care and support which was tailored to meet individual's needs. One relative told us, "The manager involves us in all the reviews and assessments to make sure (their family member) gets the best possible care." Another relative told us, "The managers are always looking for ways to improve things and always ask our opinion before changing things." A health and social care professional told us that the registered manager and staff were "really positive and very proactive, addressing issues and people's changing needs before they escalated."

The registered manager and other supervisors had completed training in person centred care planning, which records confirmed. This ensured people's care plans accurately reflected their wishes in relation to the way staff were to support their assessed needs. Staff had undertaken personalised care training to ensure they delivered care tailored to meet people's needs in accordance with their support plans.

Staff were attentive to people's needs and we observed them respond promptly when required to support people effectively, in accordance with their support plans. Where people were not able to communicate verbally staff were able to interpret their needs and wishes, in accordance with their communication plans. Relatives told us staff responded where required, before people became distressed. One relative told us, "The staff know him (their family member) and his behaviour so well now and understand what he wants." Relatives told us they were impressed with the way staff anticipated situations and provided the appropriate support at the right time.

Before people moved in to the home they had their needs assessed, which were then reviewed at regular intervals or when required. People were involved in developing their own care and support plans, which were personalised and detailed daily routines specific to each person. One person showed us their own care plan which staff had supported them to create. This person also spoke proudly about the staff training he had attended in relation to supporting people with epilepsy and how this was tailored to meet his own experience and needs. Another person told us, "I talk to (Deputy Manager) about what I want to do and if I need anything he sorts it out."

Medicine administration plans were very detailed with precise step by step guidance about how people wished to take their medicine, for example; Staff had to ensure one person received their tablets only in their left hand. Another person would only be supported with their medicines by designated staff they knew well.

We observed one person being supported with their medicines in accordance with their medicine management plan, although they were experiencing difficulty picking up their tablets. Staff supported the

person kindly and found an innovative solution to support them to take their medicines effectively. We noted staff ensured the difficulty experienced and solution were recorded and the person's medicines management plans were updated accordingly.

Records demonstrated that people, their relatives, advocates, relevant health and social care professionals and the commissioners of people's care were involved in the assessment and review process. Support plans and risk assessments were completed and agreed with individuals and other interested parties, where appropriate.

Care plans and risk assessments were reviewed monthly by the registered manager, keyworkers and the provider's psychology team to ensure that their changing needs were met. The nature of the service provided meant that people's needs tended to change frequently and plans were reviewed whenever a change to care plans was required. The supervisors and activity coordinator met weekly to review people's needs. Any concerns or changes were recorded and addressed to the registered manager. Each support plan contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured staff provided appropriate care that was consistent but flexible to meet people's changing needs.

The registered manager sought advice and support from health professionals and we observed staff followed their guidance. People, their relatives and health professionals told us staff consistently responded to people's needs and wishes in a prompt manner. Staff talked knowledgeably about the people they supported and took account of their changing views and preferences. We observed three handovers during our inspection and heard detailed information discussed about people's health and different moods, together with the potential risks and impact on planned daily activities.

All staff had been taught a recognised system for supporting people to manage behaviour which may challenge others. We observed positive behaviour management and sensitive interventions throughout our inspection, which ensured people were treated with respect and their human rights were protected.

All people had activity plans which had different entries throughout the day. This ensured people had a range of varied and stimulating activities every day. Each person had an activity schedule which was tailored to their personal interests and pursuits, for example; Some people went swimming, whilst others visited a local gymnasium. We reviewed the activity schedule of one person who was supported to sit on the side of the pool because they enjoyed the reflections on the water, which they found therapeutic and relaxing. Most people were supported to attend various social clubs and discos in the evenings. One person who was interested in their own physical fitness told us the Activities Coordinator (AC) and staff were supporting them to regain their previous fitness level.

The AC reviewed the schedules weekly with the person and their designated keyworker to identify other interests they may wish to pursue. All of the provider's AC's met monthly to discuss innovative ideas and identify new opportunities they had discovered for their individual services. The AC at Red Roof coordinated resources with an AC from an adjacent service within the care group to provide further opportunities. We reviewed the provider's magazine and newsletters which contained articles and photographs of the annual talent contest and the Christmas and Halloween parties. The AC told us the highlight of their role so far was supporting one person who had made remarkable progress on their summer holiday. Staff had identified people's individual needs and interests and arranged activities to meet them.

Each person had a support plan to set their own goals and learning objectives and recorded how they wanted to be supported. This meant staff had access to information which enabled them to provide support

in accordance with the individual's wishes and preferences. Two young people were being supported through a transition from child services to adult services and were supported to attend school and college. Education professionals told us the registered manager and staff had worked well in partnership with them to ensure they were supported effectively to access all of their education opportunities.

People had access to information about how to make a complaint, which was provided in an accessible format to meet their needs. There had been twelve formal complaints about the home since it first opened. All of these complaints had been managed in accordance with the provider's policy to the satisfaction of the complainant. Where required the registered manager had made improvements to the service such as providing more support to people when purchasing clothing, while still respecting their individual choices.

People and relatives told us they were able to raise issues at any time with the registered manager or other senior staff. One relative told us they had raised a concern to the registered manager who had responded promptly and taken steps to address the issues raised. The registered manager had apologised and informed the family of the action taken and ascertained whether they were happy with the outcome. Necessary learning from these concerns was implemented to prevent the risk of a recurrence and to improve the service.

One relative told us how the registered manager always spoke with them when they visited the home to find out if there were any improvements or changes required. Staff knew the provider's complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. The registered manager and staff were responsive to people's concerns.

The registered manager and staff listened to people's comments and suggestions and made changes to improve the service where required. People and relatives felt comfortable to raise questions and concerns and were supported by the staff to do this. One relative told us how they had discussed their family member's desire to use a mobility scooter but appreciated the advice provided regarding maintaining their independence and own mobility where possible. Feedback was sought by the provider and registered manager in various ways ranging from provider surveys, house meetings, and staff meetings. The provider had appointed an area director responsible for quality assurance and we observed they had created an area for people to provide feedback on the provider's website.

Is the service well-led?

Our findings

The registered manager told us the provider's aim was to support people to lead full and active lives within their local communities and continue with life-long learning and personal development. The provider had identified with people who use their services five core values. These were to be committed and passionate, to act with integrity, to treat people with dignity and respect, to strive for excellence in the quality of their service and to be trustworthy and reliable.

People and relatives told us that staff had created a trusting and supportive environment at Red Roof, consistent with the provider's vision and values. Staff were able to explain the provider's values and how they applied them while supporting people during their day to day lives. Staff told us that these values were reinforced by managers and training staff at every opportunity. During the inspection we observed all staff demonstrating these values while supporting people in practice.

The provider had embraced 'The Drive Up Quality Code' which seeks to drive up the quality in services for people with learning disabilities, that goes beyond minimum standards. Staff were able to explain the main principles of the Code which were similar to the provider's values. We reviewed the provider's self-assessment, in accordance with the code. The self-assessment identified areas which could be improved, for example; People suggested having more opportunities for informal chats with the psychology team in order to get to know them better. During our inspection we observed a member of the psychology team engaged in such informal conversations with people.

Health and social care professionals told us they experienced good communication with the registered manager and staff who were always open and honest. Relatives told us whenever they contacted the home staff were always friendly and knew what was happening in relation to their family member. A healthcare professional told us the registered manager and staff had achieved remarkable progress with one person because all of the staff were "Totally committed" to implementing their advice and guidance.

People told us staff were keen and enthusiastic working with people at Red Roof. One person told us, "I know it is difficult sometimes but they always do their best for me." Staff spoke passionately and with pride about the individual achievements of people living at the home. Relatives told us the registered manager, their management team and staff were "dedicated to people living at Red Roof and providing the best support they can." Relatives told us that during visits to Red Roof they experienced a welcoming atmosphere within the home and a good team spirit amongst the staff, who were always "friendly and cheerful." During the inspection we observed people who were happy and relaxed in the company of staff and other people. At times where staff were required to intervene quickly to support people we observed staff were mutually supportive of colleagues without the need to ask.

Staff told us the registered manager valued their opinions and listened to their suggestions. One staff member told us, "I love coming to work. I love the people and because the manager listens to you, you feel you really can make a difference." Another staff member told us, "Sometimes when it's busy the manager can't just drop things but they always make time to listen and come back to you."

During the inspection we observed people, relatives and staff approach the registered manager to seek advice or just for a social chat. Staff told us the registered manager and management team were readily available and very supportive. One staff told us, "They (the registered manager) literally do have an open door and are always there for you. Nothing is too much trouble and you never have to worry about feeling silly asking questions." Staff told us that the management team were flexible and their level of their support was increased during challenging periods. The registered manager and management team were highly visible within the home and provided clear and direct leadership.

We observed the registered manager, deputy manager and assistant manager worked shifts as part of the rostered staff team, which rotas confirmed. The registered manager told us this gave them the opportunity to observe the support provided and seek direct feedback from people and staff. Staff told us the management team had created a transparent culture within the home, where people and staff felt safe and confident to express their views. The registered manager promoted a positive, inclusive environment within the home which was centred on people's needs, independence and choices.

People were encouraged to be involved in the development of the home. There were monthly house meetings where people and staff were able to discuss any concerns or ideas to improve the service. These meetings were chaired and recorded by one of the people living at Red Roof. We observed one such meeting which had a formal agenda. People were informed of the progress in relation to actions generated by previous meetings, for example; there were updates in relation to home improvements and decoration and; people's suggestions for activities and menu changes.

During these meetings people and staff reviewed one of the provider's policies. We noted that at the previous meeting the provider's policy in relation to safeguarding had been discussed. During the meeting we observed people discussed the provider's policy in relation to consent. The deputy manager then provided clear advice and guidance in response to questions raised.

People had also been encouraged to become expert auditors to complete inspection visits at other homes within the provider's care group. One person at Red Roof had recently completed a selection process to become an expert auditor and was awaiting the result at the time of our inspection. The last expert auditor's report in relation to Red Roof in October 2015 praised the quality of care and support provided to people. Actions identified for improvement in this audit had immediately been completed.

Staff told us the registered manager encouraged them to express their views about the home and support being provided to people, which records confirmed. A new staff member told us all staff shared a joint responsibility to continually improve the home. People and staff told us they were fully supported by the registered manager whenever they raised concerns. We spoke with two members of staff who had raised sensitive issues with the registered manager. They told us they had been well supported by the registered manager who dealt with the issues promptly, in a discreet and tactful manner.

The registered manager operated a system of regular audits to assess and monitor the quality of the service provided and to identify and plan required improvements. The provider also completed monthly compliance audits and an annual survey to monitor the quality of the service provided. People and relatives had made positive comments in the provider's survey about the home and any identified areas for improvement had been subject to action plans, which had been completed. The provider and registered manager produced an annual service improvement plan and business continuity plan which addressed any areas for improvement identified through the various audits.

The registered manager was supported by the provider's area director who also assessed and monitored

their performance. The registered manager demonstrated they were driving continuous improvements in the quality of service provided to people at Red Roof in their weekly reports to the area director. The area director conducted regular checks on staff performance and service quality through unannounced day and night visits. These visits confirmed at first hand that improvements had been made where necessary and that the provision of a quality service was sustained.

Accidents and incidents were logged and reviewed by the provider as well as the registered manager. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents, as well as addressing the initial cause of the accident or incident appropriately. Systems in place supported reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented effectively.

The registered manager and staff worked in partnership with health and social care professionals to achieve the best outcomes for the people they supported. Staff liaised effectively with the local authority Learning Disability Team, who had been kept well informed regarding any issues raised by the registered manager and the provider's psychology professionals.

People's needs were accurately reflected in detailed plans of care and risk assessments, which were up to date. Support plans and risk assessments were kept confidentially and contained appropriate levels of information. Throughout the inspection the registered manager and staff were able to find all information we asked to look at promptly.

The registered manager understood their 'duty of candour' responsibilities. The 'duty of candour' is the professional duty imposed on services to be open and honest when things go wrong. Senior staff were able to describe under what circumstances they would follow the procedures. We reviewed two incidents where the registered manager had apologised to people and their relatives, in accordance with the 'duty of candour.'