

Freeways

Susan Hampshire House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 July 2018 and was unannounced. Susan Hampshire House provides accommodation and personal care for 16 people. People who live at the home have a learning disability. Three of the sixteen beds were used to provide short stay breaks for people living in the community either alone or with family. There were 12 permanent people living at Susan Hampshire House at the time of the inspection. There was no one on respite. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

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

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People were very much part of their local community and care was tailored to the person. The service was planning to review the block purchase of the short breaks because they recognised this could be upsetting to people who lived at Susan Hampshire House.

Improvements had been made to the service to ensure people's care plans were current and reflected their needs. Systems were in place to monitor this.

People were safe. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Staffing was reviewed to ensure it was safe when people stayed at the home for short breaks. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People received effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Susan Hampshire House.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process.

The home provided a caring service to people. People, or their representatives, were involved in decisions about the care and support they received. Staff were knowledgeable about the people they supported and very committed to providing care that was tailored to the person. People were treated with kindness and compassion. People were supported to keep in touch with friends and family.

People received a responsive service. Care and support was personalised and person led. People were supported to take part in a variety of activities and trips out based on their interests and aspirations. These were being reviewed as it was recognised people had been doing the same activities for many years. People were involved and included in the running of the home.

The home was well-led. The registered manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement.

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 were protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to abuse. Staff were trained in how to follow the procedures.

People were cared for in a safe environment that was clean and regularly maintained. Risks were minimised to ensure people were safe whilst ensuring their independence. People received their medicines safely and as prescribed.

Staffing numbers were sufficient to meet people's individual needs and recruitment checks ensured staff were suitable to work at the service.

Is the service effective?

Good ●

The service was effective.

People had access to a healthy and varied diet, which provided them with choice. Other health and social care professionals were involved in the care of people and their advice was acted upon. People's health care needs were being met.

Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

Staff had received appropriate training to enable them to support people effectively. Support mechanisms were in place for staff.

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

Good ●

The service had made the necessary improvements to ensure they were responsive to people's needs.

People received care that was responsive to their needs. Improvement had been made to care plans, clearly describing how people wanted to be supported. People were treated as individuals.

People were supported to take part in regular activities in the home and the community taking into consideration their interests.

People could be confident that if they had any concerns these would be responded to appropriately.

Is the service well-led?

The necessary improvements had been made to ensure the service was well led.

Staff felt supported and worked well as a team. Staff told us they enjoyed working in the home and there was good communication with the focus being on the people that lived at Susan Hampshire House.

There were systems to monitor and improve the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

Good ●

Susan Hampshire House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 an updated rating for the service under the Care Act 2014.

This was an unannounced inspection, which was completed on 3 July 2018. The inspection was completed by one inspector. The previous inspection was completed in June 2017 where there was a breach to the regulations and the service was rated as requires improvement overall. The provider submitted an action plan shortly after the inspection telling us how they were going to address the breaches in regulations.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events, which the service is required to send us by law.

We contacted two health and social care professionals to obtain their views on the service and how it was being managed. You can see what they told us in the main body of the report.

We spoke with three people who used the service and spent time with other people. This was because some people were unable to tell us about their experience of living at Susan Hampshire House. We spoke with the registered manager, a senior manager for Freeway, the assistant manager, and three members of staff.

We looked at the care records for three people who used the service and other associated documentation. We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for all staff.

Is the service safe?

Our findings

The service continued to provide a safe service. People told us they were happy living at Susan Hampshire House. People were observed actively engaging with staff throughout the day. A relative told us they felt the service was safe, if it was not, their relative would tell them.

A safeguarding adult's policy was available for staff to guide them on the procedure to follow. There was a whistle blowing policy enabling staff to raise concerns about poor practice. These were displayed on the office notice board. Staff told us safeguarding training was updated annually and regularly discussed at team meetings. Where safeguarding alerts had been raised, the registered manager had taken appropriate action to minimise the risks to people. This included involving other health and social care professionals.

Medicines procedures were followed and were managed safely. Staff had been trained in the safe handling of medicines including returning unused medication to the pharmacy. All staff who gave medicines to people had their competency assessed by the registered manager or the assistant manager. This involved the staff being observed and questioned over a period of time before they did this on their own. This was to ensure they understood their role in the safe administration of medicines. One member of staff was responsible for offering people their medicines with a second member of staff checking these had been given. We were told this had helped reduce medication errors or omissions.

The registered manager had assessed the risks when people wished to manage their own medicines. Two people had been assessed as being safe to self-administer their medicines. Information was in place describing the support the staff and what the person could do for themselves. This had been kept under review to ensure it was safe.

Each person had a file containing their medicine administration records, an up to date photograph, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for a specific medical condition such as diabetes. This included what staff should monitor in respect of when and how these medicines were to be given.

Staff told us there was enough staff working in the home. There was usually three staff working in the morning and three to four staff in the afternoon/evening. There was a waking and sleep in member of staff working at night. The registered manager and the assistant manager told us they planned staffing flexibly to meet the needs of the individuals. Additional staff were rostered if a person was on a short break at the service and needed two staff to support them.

Additional staff were employed to enable people to attend social events, social clubs and health care appointments and, provide one to one support. One person had individual support six days per week for six hours. Since the last inspection an external company provided the person with this support. The registered manager said this had been viewed positively as this meant the person had a regular member of staff

supporting them with meaningful activities. From our observations, this person evidently had built good relationship with the staff and was engaged throughout. Day care workers employed by Freeways Trust organised activities for people during the day and evening and were in addition to the care staff. There was also a housekeeper who worked 20 hours per week.

The registered manager demonstrated at the last inspection they followed safe recruitment practices. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

The registered manager told us they were actively recruiting to three vacant posts. Two staff had been interviewed and were waiting for their references to be returned to ensure they were suitable to work at the home. Staff told us in the interim they were using regular and familiar bank or agency staff to ensure continuity for people living in Susan Hampshire House.

People had a personal emergency evacuation plan in their care record to detail their likely response and the support they would require to be safe in the event of a fire. Risks to people were identified and minimised such as risks with eating, mobility, accessing the community and other areas of daily living.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed regular checks on each area of the home including equipment to ensure it was safe and fit for purpose.

The home was clean and free from odour. The registered manager told us they had employed a cleaner shortly before our last inspection, which had really helped in this area. People were supported by the care staff to clean their bedrooms on a weekly basis as part of their life skills day. There was sufficient gloves and hand washing facilities for staff. Infection control audits were completed and records maintained of the cleaning completed. New flooring to hallways and some bedrooms had reduced any infection control risks and minimised any odours.

Is the service effective?

Our findings

The service continued to provide an effective service. People told us they liked the staff that supported them. Relatives told us they had the confidence in the staff, who listened to them and acted upon any suggestions. One relative told us, "We cannot praise the staff enough."

People were assessed prior to moving to the home. At the last inspection, we were told people were offered opportunities to visit Susan Hampshire House as part of the assessment process for tea visits and overnight stays. Information was sought from relatives and health and social care professionals. The registered manager and the assistant manager told us they had introduced a new process in respect of people receiving a short break at the service. This included whether the person would get on with the people living at Susan Hampshire House. They told us they had liaised with the three local authorities and as a consequence some people no longer used the service.

People were asked for any ideas for the menu at the monthly resident's meetings. From reviewing the menus, people's choices were incorporated into the planned menu. We observed some people making their own lunch, which consisted of a choice of sandwiches, soup or cheese on toast. They were also able to make their own drinks. People told us they liked the food that was available to them and there were alternatives to the planned menu if they did not like what was on offer. Care records included information about any special arrangements for meal times and dietary needs.

Photographs and cookery books were available to enable people to choose what they wanted to eat. Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals. It was evident the staff saw the importance in of a good diet as a link to the person managing their own well being. Staff told us they were supporting people to eat more healthily without compromising the person's choice. The staff had supported a person through eating healthier to manage their diabetes without medicines.

People had a health action plan, which described what support they needed to stay healthy. There were health promotional leaflets that were available to people to increase their own awareness in managing health related matters.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. Where people's needs had changed, referrals had been made to other health care professionals. This included the community learning disability team, which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Applications for DoLS had been made for four people living at Susan Hampshire House. Three of these had been authorised. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety. The registered manager had a tracker in place to monitor the authorisations, any specific conditions and expiry dates. Staff showed a good awareness of the process and their role in monitoring to ensure the least restrictive approach was used.

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. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

At the inspection in May 2017, the registered manager demonstrated that staff training was regularly monitored to ensure new staff had a comprehensive induction and all staff received regular updates and the training reflected the needs of the people they supported. At this inspection the registered manager told us all training was up to date. In addition, staff had a team building day exploring at the end of June 2018. This was an opportunity for the team to share ideas to improve the service exploring their practices focussing on delivering care that was tailored to the person. Earlier in June staff had also completed training in supporting people with dementia. The registered manager told us this had given the staff the confidence and skills to support one person to remain living at Susan Hampshire House.

Staff confirmed they regularly met up with a senior member of staff to discuss their performance and any training needs. One member of staff told us they were overdue for a formal supervision, but this was because of annual leave. They told us they had plenty of opportunities to speak with the registered manager or their supervisor and felt well supported in their role. There was an expectation that all staff would receive one to one supervision every four to six weeks. There was an action plan in place to ensure this was monitored and implemented.

Susan Hampshire House is a purpose-built care home which is registered to accommodate 16 people with a learning disability. There were 12 people living in the home at the time of the inspection. The service also provided short stay breaks for people living in the community either on their own or with family. There were three bedrooms identified for this purpose.

The home opened 19 years ago and a few of the people had lived in the home since it first opened. The accommodation was set over two floors. There was a passenger lift to the first floor. There was a secure garden to the rear of the property. Raised flower beds had been put into the garden and were planted with vegetables and flowers. The home was close to local amenities including shops, cafes, pubs and sports and leisure centre.

Each person had their own bedroom which they could personalise. People were involved in making decisions about the décor of their bedroom and communal areas.

There was a refurbishment plan in place. Recently the lights in the hallways had been replaced making this

area brighter. Flooring had been replaced in the hallways and some people's bedrooms. In addition, some redecoration had been undertaken in communal areas and people's bedrooms. The registered manager told us new sofas had been ordered and they were waiting for these to be delivered.

The registered manager told us a new cooker had been ordered as it was recognised that the present cooker was not sufficient for the number of people. They also told us the sky light in the kitchen was being changed so this could be opened to aid ventilation to this area. This was because the kitchen was situated in the middle of the home and had no windows and this would help with the air flow. Bathrooms had been refurbished and there was a plan to update the two walk in shower rooms. Quotes were being obtained.

Is the service caring?

Our findings

People told us they liked the staff that supported them. One person told us, "They all good ones (staff)." As at the last inspection, people showed in many ways they liked the staff that supported them. This included seeking staff out, sitting with them and talking with them. Staff spoke about people in a positive and caring manner and evidently knew people well. Relatives told us their relatives were really happy at Susan Hampshire House.

A relative told us, "They could not praise the staff enough, they are all caring and support everyone really well". They told us they were always made to feel welcome and offered refreshments". They told us they could also make their own teas and coffees. They said, "There is no them or us, it is like one big family". A relative told us, they were "blessed the day the found Susan Hampshire House", telling us, "It is like a home from home, welcoming and really friendly place to live and visit". Another relative told us, "I often ring to check if everything is alright". They told us the staff always provided the reassurances needed and never made them feel uncomfortable about making the phone call.

People's routines and how they liked to be supported was clearly recorded in their plan of care. Staff told us about people's routines for example when they wanted to get up and what they liked to do during the day. Staff told us one person's routines changed when the clocks went forward and back and adjustments had been made to when they received support. This showed staff provided a flexible service based on the wishes of the person.

People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in.

We were told one person who is on the dementia pathway struggles with personal care and bathing. What she had wanted was for a male support worker to assist them in the bathroom. Staff and the family had discussions around this. They came up with a solution to promote this person's dignity a male member of staff would assist them to the bathroom and help to run the bath. Then a female member of staff will support with the personal care whilst the male stood outside talking to the person. Staff told us this had worked in enabling the person to maintain their personal care and dignity whilst promoting choice.

Another person liked to remove items of clothing we observed staff supporting this person in a positive manner to maintain their dignity. The registered manager told us they had put up a frosted covering and art work to the front entrance to provide this person with privacy from the general public. However, another person living at the home had removed these. They were now looking at replacing the glass to the front door with frosted glass as this could be seen from the main road.

Staff were kind in their approach and greeted people when they walked into the lounge areas. We saw positive interactions between the people and staff. Staff were speaking to people in a respectful manner involving them in a variety of activities including household chores, the planning of activities and meal preparations. People were also talking to staff about the day's events and their planned holidays. We

observed people were relaxed around staff.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date this included spending time with them individually. Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests. Staff told us time was allocated to each person to enable them to spend one to one key worker time to assist in cleaning their bedrooms, doing an activity of the person's choice and ensuring they had toiletries and other items such as clothing.

Mealtimes were unrushed and flexible to suit the activities that were being undertaken. Staff told us people really enjoyed their food and going out for meals. Support and direction was given discreetly to those that needed it. Eating aids such as plate guards were available to people to encourage their independence.

People continued to be encouraged to be independent as much as they were able. Some people went out independently of staff, whilst others needed support. Care records included information about what people could do for themselves. It was evident care was tailored to the person. People were observed making drinks and snacks throughout the inspection. There was a training kitchen on the first floor, which the day care staff used to encourage independence in cooking or to make cakes. This was also available for those people using the short break service that wanted to continue to cook for themselves.

People's cultural and religious needs were respected. One person attended church on a Sunday with support from a friend. This person told us they liked going to church with their friend and had done this for many years. Some people attended the local lunch club at the church supported by staff.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people kept in touch by telephone and others received regular visits and continued to go on family holidays. People confirmed they could keep in contact with friends and family. A member of staff told us this was very different to where they had worked before as there was always family members visiting people and this was promoted. There was an open visiting policy. Family confirmed they could visit the home regularly.

Is the service responsive?

Our findings

Improvements had been made to ensure the service was responsive. Care plans had been reviewed to ensure they contained information to support the people in a person centred way. The provider had demonstrated compliance to breach found at the last inspection in May 2017. In addition, the files had been reviewed and information no longer relevant was archived. This meant care files were more accessible. Each person had three files, containing day to day care plan, a health action plan and a file containing correspondence, mental capacity assessments, best interest decision records and information relating to the deprivation of liberty safeguards.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan, which detailed the support they needed, which was personal to them. They were informative and contained information to guide staff on how to support people well. Photographs captured some of the information in the care plan and what was important to the person. This enabled people to be involved in the planning of their care, as the information was accessible and acted as an aid to communication. Staff told us they completed monthly and annual reviews to ensure the care was responsive to people's needs.

Continual improvements had been made to the improvements had been made to the way staff record daily care. At the last inspection a new format had been introduced, which enabled staff to capture more information about the person. This included a section on personal care, activities, food choices and what went well and not so well. This enabled staff to review and monitor the care being delivered and to make changes where required. These were kept in a central file for everyone. The registered manager told us each person would have an individual file to keep their daily records. This would be more person centred as the allocated member of staff responsible for supporting the person would complete their daily diary.

Keyworkers completed comprehensive monthly summary reports from the daily records. This enabled staff to review the care to ensure it was effective and responsive to people's needs. Key workers sat with people to discuss any goals and aspirations they may have.

In addition, since the last inspection, the registered manager had reviewed how staff were supporting people. Now people were supported by a named member of staff during each shift. This lends itself to person centred care delivery because the named staff would support the person throughout their shift. This also meant staff were accountable for the care delivery. One member of staff said initially they did not feel this would work but since it had been introduced they have seen the benefits. This was because staff now support people individually and time was shared between people rather than one or two people being the focus of the care because of their complex needs. Other staff said this had helped with time management and meant people had the support when they needed and enabled them to get to know people better.

Keyworkers completed comprehensive monthly summary reports from the daily records. This enabled staff to review the care to ensure it was effective and responsive to people's needs. Key workers sat with people to discuss any goals and aspirations they may have.

People had access to a range of activities included accessing the local leisure centre, participating in a local dementia awareness group that was open to all the community, theatre and cinema trips, gardening, arts and crafts, cookery, photography and sing along groups. People also attended luncheon and coffee mornings at the local church and a disco organised in Bristol for people with a learning disability. Weekly trips were organised based on where people had decided to go. People were asked what activities they would like to participate in at resident meetings.

The registered manager told us along with people and staff they were reviewing the activities that people took part in. This was because day care was planned around group activities and whilst it was evident people had enjoyed these, they were planning more one to one activities. They were also reviewing and introducing new clubs as it was recognised that some people had been attending the same social activities for many years. They were checking out whether people actually enjoyed these groups and activities. The registered manager told us there was lots of activities people could do locally and this was the focus over the next few months to ensure people were involved in meaningful activities that they enjoyed.

A member of staff said they had recently been swimming with one person and this had been a positive experience and was planning to do this regularly. They told us the benefits to the person was it was enjoyable, they were relaxed and calm and enabled them to learn new skills. Another person liked to go out every day for breakfast. Staff supported them with this activity.

Relatives felt the staff supported people well and encouraged them to make decisions on how they wanted to spend their time. A relative told us, "Susan Hampshire is a really active home, they are always doing something, trips out, walks shopping. They have a better social life than I have".

People were supported to go on holidays and this topic had been discussed at a recent resident's meeting. Two people were on holiday in the Isle of Wight supported by a member of staff. Some people were planning a trip to Butlins and three people were planning a trip to America enabling them to visit theme parks. One person talked to us enthusiastically about this trip, the flight and what they wanted to do and who they were going with. One of the person's relative had been involved in the decision process to ensure it was in their best interest. The registered manager told us this person had enjoyed holidays to America with family prior to moving to Susan Hampshire House.

From talking with staff, it was evident people could choose where they wanted to go and what they wanted to do. The registered manager told us most people had a short break in a hotel in Cardiff, which included seeing the musical Shrek just before Christmas. Where people did not like to go on holidays we were told day trips would be organised to places of interest. Staff spoke positively about how one person had not wanted to go away on holiday and recently had a short break in Weymouth. They were now planning their next holiday and knew where they wanted to go.

Staff continued to support one person going out for short walks to the local supermarket. Staff told us this continues to be a positive experience for this person. This person did not like to leave the grounds of Susan Hampshire House in the past and it was evident they now felt more confident and settled with staff.

People were sat enjoying the sun in their garden during the inspection. One person told us they had been supported to put on sunscreen and wear a hat. Guidance was in place for staff on how to support a person during the hot weather to prevent heat stroke. This showed staff were responsive to people's changing needs and ensure appropriate clothing and protection were in place taking into consideration the weather.

There was information available for people who were unable to communicate verbally. This included photographs of food, activities and easy read policies such as the complaint and safeguarding policy. Staff

had access to tablets to seek people views using happy and sad smiley faces. Another person had a communication folder that they had with them to communicate their needs. There was one available in the home and the another for day care staff to take out when supporting the person. Another person had small wooden blocks with pictures to enable them to choose what they wanted.

People' care plans had a section on end of life care where their wishes were recorded.

A copy of the complaints procedure was displayed in the entrance hall of the Susan Hampshire House.

Regular meetings were held with people and minutes confirmed that they were reminded about how to raise concerns and make suggestions to improve the service.

The complaints had been investigated by the registered manager or by the provider. There was a record of the outcome of the complaint and whether the complaint was dealt with satisfactorily. Improvements had been made and there was now an overview of complaints at the front of the file. Relatives confirmed they knew how to complain and the registered manager would address their concerns. A relative told us, "The care overall cannot fault. X is really happy at Susan Hampshire House. Sometimes there are little concerns on how laundry is completed such as ironing and they had noticed some items of clothing had shrunk. They said they had raised this as a concern and felt this would be addressed by the registered manager.

There had been 16 complaints in the last 12 months. The registered manager had explored the themes as part of submitting the provider information return. They said, "The major theme from the complaints we have received have been people complaining about other people living at Susan Hampshire House". They acknowledged this was a difficult area to resolve completely due to the nature of the complaints and also due to the condition of some of the people they supported. In response they had worked closely with community Learning disability team to put behaviour management plans in place, training so that staff can deal with situations differently.

Staff were also supporting people with education and involving them in the complications of group living and ways in, which the staff can help them but also how they can help themselves. This also showed people were empowered to raise concerns about the care they were receiving. There was an easy read guide to 'being fair and respectful of each other'. This covered areas such as bullying, sexuality, religion and racism and recognised that everyone was different. There was also an easy read document about saying 'No to abuse' which again clearly describes how people should be supported and what to do if this is not happening.

Is the service well-led?

Our findings

Improvements had been made to the checking of the quality of the service. The service had robust action plans to make the necessary improvements to the service. This included regular reviews of people's care plans. This ensured they were current and up to date and reflected people's individual support needs.

There was a registered manager in post, they had worked in the home for the last three years. They had worked for Freeways for the past 19 years in various roles. This included the role of a registered manager in another Freeways' home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and the provider's senior manager told us they were having discussions with the three local authorities. This was because the block purchasing of the short stay beds was coming to an end. They felt that some people living at Susan Hampshire House were unsettled by people they did not know or like staying in their home. They were reviewing what this service may look like as from next year and considering not having a short stay service. This showed they were listening to people. It was also recognised this was people's home and it may not fit with the ethos of the home.

Staff spoke positively about team work, the support of the registered manager and the senior team. The registered manager was supported by an assistant team leader and a team leader. The assistant manager started in January 2018 and from conversations it was evident they had been supported and had taken on some areas of responsibility. This included making improvements to the care documentation and supporting staff. Since the last inspection, the registered manager's office had moved to the first floor. The assistant manager and the team leader shared the office on the ground floor. Staff told us the senior management team were approachable and had an open door approach. They were also 'hands on' and helped when needed to support people.

Relatives spoke extremely positively about the management of the service. One relative told us, "We cannot find any fault with the service. We are really happy with the Susan Hampshire House. When we have made suggestions, they have acted on these really quickly". A relative told us, "The manager is excellent, nothing is too much trouble. X the manager is very approachable can talk about anything". A relative told us, "All the staff are really friendly even the bank staff". They said because of the commitment of the staff they had seen their relative gain in self-confidence and they were more communicative and doing so much more than before". Another relative said the manager was superb.

Since the last inspection the registered manager had reviewed how staff supported people. Now staff were allocated named people to support on each shift. Staff said this had improved the way of working with people and was more person centred. They said this had helped with time management on shift as they clearly knew what their responsibilities were and it was less task led. A member of staff told us this had enabled them to get to know and spend time with individuals rather than supporting everyone.

Improvements had been made to the care plan files to ensure they only contained current information. Because staff were allocated specific people they were reviewing how the home stored daily records and were moving over to each person having a separate file containing these records. The member of staff responsible for supporting the person would complete the daily records. Again, this lends itself to a more person centred approach.

There was still a culture where people felt included and their views were sought. Monthly resident meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. People were consulted about the décor and colour schemes. People were consulted about their care through monthly reviews. Key workers compiled a monthly summary on what had happened throughout the month in respect of care, health appointments and any concerns. People were also consulted about what goals they would like to work on over the next month. In addition, annual care reviews were held between the people who used the service, their relatives and other professionals involved in their care. People were also involved in the recruitment of staff.

The quality of the care provided was maintained and improved by the service. There were a variety of reviewing and monitoring systems to ensure the quality of care was maintained and improved. The area manager completed a quality assurance inspection every two months. This covered all areas of the service. Action plans were developed. These were clear and included dates for achievement and who was responsible. Staff responsible were aware of the timescales and told us they were in the process of had completed these areas. For example, supervisions had lapsed for some staff. It was evident from talking with the registered manager and assistant this was in the process of being rectified. We were told in part this was due to a period of absence.

The registered managers told us how they continued to keep up to date with legislation, current good practice and the changing landscape of providing care. They were planning to attend provider forums with the local authority. The assistant manager had already attended one of these meetings and the plan was for them to attend alternately. They also networked and attended regular meetings with other services operated by Freeways.

The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the home was doing well and the areas it planned to improve upon.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. The registered manager told us they reviewed all accidents and incidents to ensure appropriate action had been taken and a copy was sent to the provider. These were also discussed during the provider visits to Susan Hampshire House.