Broadstreet House Limited

Broadstreet House

Inspection report

Broadstreet
Lyminge
Folkestone
Kent
CT18 8DZ

Tel: 01303862448
Website: www.Broadstreethouse.com

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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

The inspection was carried out on 26 October 2017 and was announced.

The service provides care and support for up to 18 people with a mild to moderate learning disability or autistic spectrum disorder. At the time of our inspection there were 18 people using the service. The accommodation was situated over two floors and a new ground floor extension. People had access to extensive grounds and gardens.

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

We carried out our last comprehensive inspection of this service on 24 and 25 August 2016. At that inspection we found breaches of the legal requirements of the Health and Social Care Act Regulated Activities Regulations 2014. The breaches related to Regulation 11, Need for consent; There had been a failure to follow the Mental Capacity Act 2005. Regulation 12 Safe Care and Treatment; Medicines management was not always safe. Regulation 17, Good governance; Quality audits had not been affective.

At this inspection we found there had been improvements.

Staff had attended training courses to improve their knowledge of the Mental Capacity Act 2005 and the registered manager had attended a conference about the MCA 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act 2005 Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

The management and auditing of medicines had been reviewed and changed. There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely. Where people could retain the information, they had been supported to understand what their medicines were for and when they needed to take them. This was reinforced by staff who administered medicines.

Quality auditing systems in the service had been fully reviewed and were now effective.

People were kept safe by staff who understood their responsibilities to protect people living with learning disabilities. Each person had a key worker who assisted them to learn about safety issues such as how to evacuate the building in an emergency and to speak to if they felt unsafe. The registered manager had plans

in place to ensure that people who may not understand what to do would be individually supported by a member of staff if there was an emergency. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The registered manager and staff used their experience and knowledge of caring for people with learning disabilities effectively. Staff assessed people as individuals so that they understood how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed within the service, both to individual people and for the wider risk from the environment. Staff understood the steps to be taken to minimise risk when they were identified. The provider's policies and management plans were implemented by staff to protect people from harm.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Good quality records were kept to assist people to monitor and maintain their health. Staff had been trained to assist people to manage the daily health challenges they faced from conditions such as epilepsy and diabetes.

We observed and people described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. Staff were deployed to enable people to participate in community life, both within the service and in the wider community.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. We observed people being consulted about their care.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. People could involve relatives or others who were important to them when they chose the care they wanted. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again.

The registered manager had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained to promote safety.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager recruited staff with relevant experience and the right attitude to work well with people who had learning disabilities.

Staff received supervisions and training to assist them to deliver a good quality service and to further develop their skills. Staffing levels were kept under constant review as people's needs changed. The registered manager ensured that they employed enough staff to meet people's assessed needs.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink. Pictures of healthy food were displayed for people and dietary support had been provided through healthy eating plans put in place by dieticians.

The registered manager produced information about how to complain in formats to help those with poor communication skills to understand how to complain. This included people being asked frequently if they were unhappy about anything in the service. If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

The management had demonstrated a desire to deliver a good quality service to people with a learning disability by constantly listening to people and improving how the service was delivered.

People and staff felt that the service was well led. They told us that managers were approachable and listened to their views. The registered manager of the service and other senior managers provided good leadership. The provider and registered manager developed business plans to improve the service.

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 encouraged to learn about their own safety and talk to staff about safety issues. Staff knew what they should do to identify and raise safeguarding concerns.

There were sufficient staff with a background in learning disabilities to meet people's needs.

The registered manager used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk. The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff were flexible in their approach and understood their responsibility to help people maintain their health and wellbeing.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

New staff received an induction and training which supported them to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards were understood and followed by staff.

Is the service caring?

Good

The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Regular individual and group meetings were held to enable people to express their views about the service.

People were treated with dignity and respect. Staff understood how to maintain people's privacy and records about people was kept confidential.

Is the service responsive?

Good

The service was responsive.

Staff provided care to people as individuals.

Care plans and assessments included information about people's needs, aspirations and skills development.

Information about people was updated often and with their involvement so that staff only provided care that was up to date and agreed with people.

People were encouraged to raise any issues they were unhappy about with the registered manager.

Is the service well-led?

Good

The service was well led.

The provider and registered manager planned and delivered improvements to the quality of the service.

There were structures in place to monitor and review the risks that may present themselves in a service for people with learning disabilities.

The registered manager and provider operated systems and policies that were effective and focused on the quality of service delivery.

Staff understood they were accountable for the quality of the care they delivered.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 October 2017. We gave 12 hours' notice of the inspection so that people may be less anxious by our presence in their service. The inspection team consisted of one inspector and two experts by experience. An expert by experience is a person who has had personal experience of using services or of caring for someone who uses this type of care service. One of the experts by experience had a learning disability and was supported during the inspection by a job coach. The experts by experience observed care and talked to people to gain their views of the service provided.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law. We looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. We checked that the provider had followed their action plan.

We observed the care provided for people. We spoke with four people about their experience of the service. We looked at feedback about the service the provider had gathered from relatives as part of their quality audit processes. We spoke with twelve staff including the registered manager, the deputy manager, a senior care worker and two care workers. We asked for feedback about the service from two health and social care professionals.

We looked at records held by the provider and care records held in the service. This included four care plans, daily notes; safeguarding, medicines and complaints policies; the recruitment records seven staff employed at the service; the staff training programme; medicines management; complaints and compliments; meetings minutes; and health, safety and quality audits.

Good

Is the service safe?

Our findings

People said that people were safe living at the service. People said, "I feel really safe here." Another said, "The staff always give me my medicine on time, it is kept in my medicine cabinet in my room." And, "I know how to stay safe outside too because one of the staff is always with me to make sure I can cross the roads safely." Another person said, "The staff always let me do things I want to if it's safe."

At our last comprehensive inspection on 24 and 25 August 2016 we found that the provider had failed to ensure medicines were managed safely which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no system in place to minimise the risk from incorrect medicines storage temperatures in people's bedrooms. And, there was no follow-up process in response to incidents when people had not taken their medicine's as prescribed. We asked the provider to take action to meet the regulations. The provider sent us an action plan which showed they had met the regulations by 19 October 2016.

At this inspection the provider had introduced robust systems for checking and recording medicines storage temperatures. The registered manager had also put in additional checks of medicines so that there was a follow-up to situations where medicine's errors or omissions could occur. For example, extra audits and spot checks on medicine's had taken place. Staff said, "There are fewer medicines errors since the new checks have been in place." The changes implemented by the registered manager had reduced the risk further medicine's incidents occurring.

Staff followed the provider's medicines policies. Consent had been sought from people to allow staff to administer medicines for them within the Mental Capacity Act 2005. The registered manager checked that staff followed the policy and that they remained competent by checking staff knowledge and practice when they administered medicines. Medicine audits were carried out. Physical quantities of stock and quantities that should have been remaining were correct. For example, we checked that the recorded amounts matched the actual amounts left. Staff administering medicines were provided with training so that they understood the broader principals of medicines safety and record keeping. Staff we talked with gave us details of how they supported people safely when dealing with medicines.

People were protected by staff who understood their responsibility to record the administration of medicines. All of the staff we spoke with described how they administered medicines in line with the provider's policy. The medicine administration record (MAR) sheets showed that people received their medicines at the right times and as prescribed. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff. The MAR sheets were being completed correctly by staff, there were no gaps. The registered manager confirmed there was a policy regarding the safe management of 'As and When Required Medicines' (PRN), for example paracetamol. One person said, "If I am in pain I tell the staff and they give me a painkiller when I have a headache."

People could learn how to stay safe and what to do if there were emergencies in the service. The provider

had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. People could learn how to stay safe and what to do if there were emergencies in the service. One person said, "I know how to stay safe here, I don't open my room door in the night time."

The provider had policies about protecting people from the risk of fire. The policy advocated using horizontal evacuation, where by people were moved away from the source of the fire to a safer zone until they were evacuated from the building. This method was in line with current fire evacuation best practice. People had attended fire awareness training. People had been involved in practicing evacuating the service, for example when the fire alarm sounded. There had been a fire practice on 09 October 2017. People's responses had been observed and staff had given people advice on how to improve their safety. For example, staff had shown one person the fire exit they could use because they had not used the fire exit nearest to them. This helped people learn how to protect themselves. People had an individually written personal emergency evacuation plan, (PEEP). This took account of their needs and their abilities to evacuate safely. Staff received training in how to respond to emergencies and meet the actions recorded in people's PEEP. Emergency drills and tests were recorded. The registered manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people's risk assessments, their daily records and by talking about people's experiences and moods at the daily shift handovers.

Staff signed care plans and risks assessments to acknowledge they understood them. Records detailed the information shared between staff about risks within the service. Incidents and accidents were recorded and checked by the registered manager for any learning. Steps were taken to reduce incidents and accidents from happening again. We saw that people's health and safety had been discussed at team meetings to inform and reinforce staff knowledge of the steps that were to be taken to minimise the risk after incidents. For example, in response to incidents of epileptic seizures at night, assistive technology had been used. This technology passively monitored body moments and could recognise involuntary muscle movements, which could indicate a seizure was taking place so that staff would be alerted. This minimised the risk of people experiencing harmful seizures without staff being alerted quickly.

There was a current safeguarding policy, and information about safeguarding. Staff told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. This training was also recorded on the staff training plan. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff talked us through the correct actions they would take if they suspected or witnessed abuse happening. For example, if they saw bruising or people's behaviours changed. There were no recent safeguarding notifications at this service. However, our discussions with the registered manager confirmed that they understood the arrangements in place to protect people from harm.

People were protected by safe recruitment practices, minimising the risk of receiving care from unsuitable staff. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Recently appointed staff gave a detailed account of how they had been recruited in line with the provider's recruitment policy. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications relevant to the role. Gaps in employment were explored to provide a consistent record of work history. All new staff had been

checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

There were enough staff to meet people's needs. One person said, "There are always enough staff here to look after me." The service supported people with mild to moderate dependency levels. People's dependency on staff support was assessed and reviewed. Some people required limited support and were able to go out alone in the community. Other people needed staff to assist or prompt them with their personal care and to access the community. Most people were out all day Monday to Friday, either on work placements or at day activities. This meant that on a normal week day only four people were at home between 08:30 hrs and 15:00 hrs. In addition to the registered manager and deputy manager there were three staff on duty from early morning until late evening. These staff assisted people at the service to receive one to one support with social or community activities, to undertake their domestic responsibilities and attend appointments.

The registered manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards were assessed and equipment was checked by staff before they used it and by specialist engineers as part of the preventative maintenance programme in the service. The premises had been well maintained. There was guidance and procedures for staff about what actions to take in relation to health and safety.

The service was clean and free from odours. Most of the cleaning was completed by cleaning staff. The risks of infection and cross contamination were minimised by health and safety control measures based on an up to date infection control policy. These controls included the testing of water systems for legionella bacteria, water outlet flushing and temperature monitoring, infection control training for staff, safe systems of cleaning, and the provision of personal protective equipment. For example, daily, weekly and monthly cleaning schedules were followed by staff. We sampled these and they showed cleaning was up to date. These safe systems of work protected people from potential infection.

Good

Is the service effective?

Our findings

People said, "The staff here are all good at their job and look after me really well." And, "The staff take me to my doctors and anywhere else I need to go." Another said, "The staff know about my care plan, it's in the office and they always write down what they have helped me with."

At our last comprehensive inspection on 24 and 25 August 2016 we found that the provider had failed to ensure deprivation of liberty applications were made in line with the Mental Capacity Act 2005 code of practice which was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was inconsistent application of The Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). We asked the provider to take action to meet the regulations. The provider sent us an action plan which showed they had met the regulations by 19 October 2016.

At this inspection we found that the registered manager had reviewed their policies and practices in relation to the MCA 2005 and DoLS. The Mental Capacity Act 2005 (MCA 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. The registered manager had updated their skills and knowledge of the MCA 2005. They had attended external conference events about the MCA 2005.

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. People's care plans had individualised mental capacity assessment and where necessary best interest records. For example, people had recorded their consent to minor treatments such as visiting the optician. We found that this process protected the people's rights.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The resisted manager understood when an application should be made and how to submit them. For example, applications had been made in relation to people requiring constant supervision outside of the service. This meant that people could not leave as there was a risk to their safety from fast moving traffic on the road outside. Care plan records demonstrated DoLS applications had been made in relation to people's safety to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted. The registered manager had a monitoring system in place to make sure that the applications and were reviewed which minimised the risks of people being restricted by a DoLS when their needs or circumstances had changed.

People were supported with their agreed and recorded daily routines by staff. Most people could consent to their care and this was recorded. For example, people were weighed to monitor their health and wellbeing. Before this happened their consent was recorded in their care plan. One person said, "My care plan is a plan for me it tells you all about me and what I like and don't like and it tells you about the medicine I need." People's health needs were monitored by staff and comprehensive information was provided about

people's conditions. For example, people with epilepsy had treatment guidelines in place which staff knew how to follow.

People were assisted to access other healthcare services to maintain their health and well-being, if needed. People had regular access to health and GP services. Records confirmed that people had been seen by a variety of healthcare professionals, including a GP, nurse and dentist. Referrals had also been made to other healthcare professionals, such as Speech and Language Therapist and Psychologist. Having input from a wide range of professionals gave staff the information they needed to meet people's needs.

Health action plans and communication passports were in place. (Health action plans are recommended for people with learning disabilities by the department of health to promote people's health and their access to health services.) (Communication passports are easy to follow person-centred booklets for those who cannot easily speak for themselves when they need to use other services. For example, if they were admitted to a hospital.)

The chef had introduced a menu that was responsive to people's likes and needs. The chef constructed the menus to provide balanced and nutritious foods, taking account of any allergies or specific dietary requirements people may have. Most of the food was freshly cooked with seasonal vegetables with the service benefiting from its own fruit and vegetable gardens. Menus were displayed in pictorial formats and people were involved in planning the menu choices. One person said, "The food is really nice here, there is lots of choice and we grow our own vegetables here in the garden." Another person said, "I help in the garden to grow the vegetables that we eat." Another person confirmed what staff had told us about being able to access the kitchen and snacks at any time. They said, "The snacks, fruit and drinks are in the kitchen I can have some anytime I want."

Medical information was recorded where this impacted on the persons eating and drinking. For example, if the person was a diabetic or had an allergy to any foods. People were encouraged to make their own drinks and foods. For example, there were individualised risks assessments in place for people about making their own sandwiches and using the kitchen. People participated in preparing meals and helping the chef in the kitchen. One person's said, "I love the food here and you can choose what you want it is really healthy." People all have household jobs that are rotated around and adjusted according to their ability. For example, there was a rota meal preparation help, for washing up and loading the dishwasher. People told us they could make drinks and helped with the cooking. One person said, "I've helped (staff in the kitchen) a couple of times." Staff told us the person usually helps with preparing the food. Staff said, "She likes helping with the vegetables." Staff explained how they assisted people to manage their weight and choose healthy eating options. Staff used visual prompts to encourage food choices and this varied between each person. For example, two people did not find it easy to make a choice about their food the day before, so they were shown the actual food on offer on the day so that they could make a choice.

The registered manager trained staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Staff training continued to be updated. Staff said, "The training is planned, I do something every other month, recently done infections control and first aid, the training works really well for me." Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Staff told us they had completed shadow shifts and an induction when they started working at the service. This meant that new staff could be introduced to people before they took up their role fully. New staff needed to be signed off as competent by the registered manager at the end of their induction. This was recorded in staff files and staff confirmed this had taken place. This meant that staff had reached an appropriate standard.

Staff continued to be observed and supervised whilst at work and provided with guidance about their practice if needed. Staff were supported through individual one to one supervision meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the registered manager monitored. Staff spoken with confirmed that they had been given regular opportunities to formerly meet with the registered manager to discuss their job role and development. One member of staff said, "We get time to do supervisions, we follow the planned time scales." When managers met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and the registered manager gave guidance to improve staff knowledge.

Good

Is the service caring?

Our findings

We observed staff were assisting and encouraging independence rather than just doing things for people. One person said, "The staff here are really caring." Another said, "The staff never come into my room without knocking on my door." And, "All the staff treat me the same." Another person said, "We are one big happy family here, and I love it here."

People also said, "I love the new rooms we have here now we all have our own bathrooms", And, "I am very happy with everything here it is a really nice place to live." Another person said, "The staff treat me really well and with respect."

One relative told us, "Our daughter has been very happy at Broadstreet and staff keep us informed of what is happening." Other comments from relatives included, 'Every time I visit it is evident that it is a happy, loving homely environment." And, "Our loved ones needs are always met and our voices are always heard.'

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they gave people time to do things, they tried not to rush people. We observed good communication between staff and people living at Broadstreet House, and found staff to be friendly and caring.

Positive relationships had developed between people who used the service and the staff. We observed all staff to be calm, reassuring and individually responsive to people at all times. Staff were often observed to be chatting with people, using eye contact and appropriate language. Staff understood how to maintain a mostly calm and relaxed atmosphere, and at times people were laughing with staff.

The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'Person centred care plans', which had been developed through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person.

The rooms within the service were personalised to a high degree to people's choice and lifestyle. This was a positive aspect of the service for people during the inspection. We saw examples of how people had negotiated things like the floor coverings and décor. People who had moved into the new build rooms told us that the rooms were nice.

Staff were able to describe ways in which people's dignity was preserved, such as making sure people's doors were closed when they provided care. People were encouraged to remain as independent as possible. For example, two people administered their own medicines.

Staff explained that all information held about the people who lived at the service was confidential and would not be discussed to protect people's privacy. Information about people was kept securely in the office and the access was restricted to staff. Confidential paperwork was regularly collected from people and stored securely. Staff understood their responsibility to maintain people's confidentiality. We observed they

were careful when discussing personal information.

Good

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. One person said, "The manager talks to me about my rights and I can talk to her about anything." Another person said, "I know they care about me because they always listen to me and treat me with respect." Another said, "I've suggested loads of things (At our resident's house meetings)." "I have chaired the meeting, I've done it a couple of times." People told us that if they needed to talk to staff or with the registered manager they were listened to. People described to us how the registered manager had responded to changes in their needs.

Before people received care and support, an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved in, they and their families where appropriate, were involved in discussing and planning the care and support they received. Assessments and care plans reflected people's needs and were well written. A relative commented, 'We have no concerns, we find staff approachable and keen to include us."

People received care that was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. This assisted staff with the planning of activities for people. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. We saw from care plans that when people had met and chosen activities these had been organised by their key worker and they recorded when they had taken place.

People's needs had been fully assessed and care plans had been developed on an individual basis. The care plans covered every area of people's lives to assist their development. For example, the things people were good at, their dreams and aspirations and the things they needed help and support to achieve.

Assessments and care plans were completed and reviewed with people, their care manager from the learning disability team or their relatives whenever possible. Sections in the care plan detailed people's individualised support needs. The provider used appropriate personalised care planning formats for people with a learning disability. For example, their care plans were full of pictures of people's life stories. People also used lots of photographic and pictorial information in their care plans to assist their understanding. For example, keeping safe from abuse or places they liked to visit. This gave people some interest and ownership of the information about them. Staff were responsive and flexible to people's choices and needs.

People and their staff showed us how people in the service chose the activities they wanted to do. One person said, "We choose everything we do here from mealtimes to holidays and activities." Another person said, "The staff here always listen to me and I like that." People continued to have a routine for one-to-one staff support in the community. This included participating in leisure activities, going to the pub for lunch and personal shopping. Staff were allocated to people's activities based on their skills and experience. This meant staff could understand and meet this person's individual needs.

Opportunities continued for people to develop and progress through work placements, volunteering or attaining vocational qualifications. People were supported to follow their interests and take part in social activities. Each person had a timetable of activities from Monday to Friday, which took into consideration their abilities and preferences. They attended a local education and training centre four days a week. The centre, based at two locations, offered a variety of opportunities including horticulture, arts and crafts, pottery, woodwork, media skills, cooking and working in the café. The café and garden centre are open to the public which provided people with work experience. One person said, "I like going out without staff support. I walked down to Age UK on my own. I play table tennis and badminton. With the table tennis I play in a league." On the day of the inspection, people had spent the morning doing voluntary work at Age UK. One person said, "We serve coffee and if they want cakes we serve them." People told us they were able to keep in touch with their families. Opportunities to engage in skills development and leisure activities meant that people could live fulfilled lives and make choices based on their life experiences.

People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plans were scheduled in advance, but could also be completed at any time if the person's needs changed. Care plan reviews had taken place as planned and that these had been recorded. Records showed that care plan reviews were comprehensive and inclusive. Staff told us care plans were kept up to date and that they checked people's daily records for any changes that had been recorded. The registered manger reviewed people's care notes to check that people's needs were being met.

People gave feedback about their experiences of the service they received during meetings. Records of these were kept and staff responded by discussing changes people would like. One person said, "We have a meeting every month when we talk about things we would like to do and if we are happy with things here, we all take turns to be the leader of the meetings." Another person said, "Yes I am asked my views about what happens here and we have meetings every month to talk about this. Everyone who lives here speaks at the meetings and they are really good." Care reviews captured the views of relatives and care managers. People and their relatives were asked to feedback through formal questionnaires. These were sent to people to complete and return. There had been a recent resident's survey in September 2017. The feedback on this was all positive. An annual relative's feedback survey was taking place at the time of the inspection, but from the previous survey there had been 17 responses and these were positive and supportive of the service. Systems in place to make sure that people's concerns or complaints were dealt with promptly. There was regular contact between people using the service and the management team. All people spoken with said they were happy to raise any concerns. People said, "I would be confident to tell the staff if I wasn't happy about anything." There were no recorded complaints; however, there was a policy for dealing with complaints that the staff and registered manager could follow if needed."

Good

Is the service well-led?

Our findings

People like the management and staff and how the service was run. People said, "I am really happy here and think the house is really well managed." And, "Our home manager is a really good manager and listens to what we say." Another person said, "I am really happy with the house since we have had it all extended and have new rooms and a lovely lounge I have my own bathroom now I really like it "

At our last comprehensive inspection on 24 and 25 August 2016 we found that the provider had failed to assess, monitor and improve the quality of the service effectively which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Quality monitoring systems were not wholly effective because they had not identified the shortfalls in the management of medicines nor in applying the principles of the Mental Capacity Act. The provider sent us an action plan which showed they had met the regulations by 19 October 2016.

At this inspection we found that improvements had been made. For example, the registered manager now had a robust medicines monitoring system that was checked as part of the quality audits. Also, a trustee from the board of directors had carried out visits to the service and reported on their findings. The registered manager continued to carry out audits of the service on a monthly basis. Audits enabled them to identify areas of the service that needed. For example, a full review of the quality control and monitoring had been completed. Staff carried out daily health and safety check walk rounds in the service and these were recorded. This showed that audits were effective and covered every aspect of the service. Over time there had been continuous improvement in the quality of the service which included the development of a new build annex. With the continued improvement we found, people's experiences and environment had improved.

The registered manager had been registered with CQC since December 2013. (A registered manager is a person who has registered with the CQC to manager the service.) They had experience of working and managing services for people living with learning disabilities and they had demonstrated to us they had the skills to run the service well.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. For example, providing people living with learning disabilities with care and support through a skilled and knowledgeable staff team. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide for people in the way of care and meeting their learning disabilities needs. For example, they considered how new placements at the service would impact on others already there. This was an important consideration and demonstrated the people were respected by the registered manager and provider.

The registered manager and their staff team were well known by people. Staff were committed and passionate about delivering person centred care to people living with learning disabilities. We observed them being greeted with smiles and staff knew the names of people or their relatives when they spoke to them.

Staff told us they enjoyed their jobs. The provider asked staff their views about the service. A staff survey had just been started to gather their feedback. Staff felt they were listened to as part of a team, they were positive about the management team in the service. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the service. They told us that the registered manager was approachable. One member of staff said, "I love my job, I never wake up thinking otherwise, we are like one big family." Another member of staff said, "This is a very happy place to work." The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff had signed to say they understood the policies. Staff understanding of the policy's they should follow was checked by the registered manager at supervisions and during team meetings.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.