

The Paddock

The Paddock

Inspection report

80 High Street
Lydd
Romney Marsh
Kent
TN29 9AN

Tel: 01797321292

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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 25 July 2018. The Paddock is a residential care home for up to 19 adults with a learning disability. There were 14 people living at the service at the time of inspection. The accommodation is spread over one main building which contains bedrooms on the ground and first floor. There is a large garden front and back. The provider has also built a second kitchen in a building in the garden. The Paddock is a 'care home'. 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.

At the last inspection the service was rated overall as requires improvement. Following this we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well-led to at least good. At this inspection we found that the service had improved and the service is now rated Good.

At the last inspection, on 18 May 2017 the service had failed to ensure that behaviours that challenged or equipment used were adequately risk assessed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014. At this inspection we found that the service was now meeting this requirement. Risks to people were assessed, including risks from the use of equipment and behaviour that challenged. There was guidance for staff to enable them to minimise risks. At the last inspection we recommended that a health and safety assessment be undertaken by a qualified and competent person of current window security on the first floor to ensure people were not being placed at risk. Risks from the environment had also been assessed and actions had been taken to protect people.

At the last inspection on 18 May 2017 the service had failed to ensure medicines were managed safely. This was a continued breach of Regulation 12 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014. At this inspection we found that medicines were now managed safely and people received their medicine as prescribed and on time.

At the last inspection on 18 May 2017 we found that overall monitoring of service quality remained ineffective. This was a continued breach of Regulation 17 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014. At this inspection the checks on the quality of the service were effective and actions identified had been undertaken.

The care at the service has been developed in line with the values that underpin good practice. These values included 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 supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service had a registered manager in place. 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.

There were sufficient numbers of staff to meet people's needs and support people effectively. Staff had the training, skills and knowledge they needed to support people with learning disabilities. The registered manager monitored staff performance and staff had supervision meetings, team supervisions and annual appraisals. New staff had been recruited safely and pre-employment checks were carried out.

There were systems in place to keep people safe and to protect people from potential abuse. Staff had undertaken training in safeguarding and understood how to identify and report concerns. Where people did not have capacity to make decisions staff had followed guidance in line with the Mental Capacity Act 2005.

People's support was personalised to them and met their needs. People participated in the activities of their choosing. People's support plans were updated when their needs changed. People and their relatives were involved in decisions about their support. People had access to food and drink when they wanted it and had a choice of what they ate and drank. People continued to be supported to maintain their health and wellbeing and had regular access to healthcare services. When people accessed other services such as going in to hospital there was continuity of care.

People were treated with respect, kindness and compassion. People were supported to communicate their wishes and express their feelings. Staff had a good understanding of how people expressed themselves and recognised when people were upset or anxious and responded to this appropriately. Staff were aware of people's decisions and respected their choices. People's privacy was respected and levels of dignity were maintained.

People were supported to increase their independence and undertake activities of daily living. There was a complaints system in place if people or their relatives wished to complain. The registered manager continued to monitor the quality of service provided by seeking feedback from relatives and people who used the service.

The environment had been adapted to meet people's individual needs and was personalised to reflect the people that lived there. The service was clean. Staff were aware of infection control and the appropriate actions had been taken to protect people.

Staff, relatives, people and health and social care professionals told us the service was well-led. The service was in a period of transition of ownership. The long standing registered manager continued to run the day to day service with support from the owner. The registered manager had a clear vision and values for the service, which staff understood and acted in accordance with. Staff and the registered manager understood their roles and responsibilities. When things went wrong lessons were learnt and improvements were made.

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.

Risks to people and risks from the environment were assessed and there was guidance for staff to mitigate risk.

There were enough staff available to meet people's needs and safe recruitment practices were followed.

People were protected from the risk of abuse and improper treatment.

Medicines was managed in a safe way and people received their medicine when they needed it.

The service was clean, tidy and appropriately maintained and people were protected from the risk of infection.

Lessons were learned when things went wrong and learning was shared with staff.

Is the service effective?

Good 

The service was effective.

Reviews of people's assessed needs and support were carried out as necessary.

Staff had the skills, knowledge and training they needed to support people. Staff were appropriately supervised.

People were provided with the appropriate support to eat and drink safely.

People were supported to remain as healthy as possible and had access to healthcare professionals when they needed them.

The building was appropriate to meet people's needs.

The provider followed the principles of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people with compassion.

People were supported to express their views and were involved in decisions about their own care as far as possible.

Staff provided people with good levels of support to maintain their dignity and privacy.

People were supported to increase their independence and learn new skills.

Is the service responsive?

Good ●

The service was responsive.

People's support plans were personalised and contained information on how people liked to be supported.

People were supported to engage in meaningful activities of their choice.

There was a complaints policy in place and people and their relatives knew how to complain if they chose to do so.

The service was not currently supporting anyone at the end of their life.

Is the service well-led?

Good ●

The service was well led.

Audits had identified shortfalls in the service and action had been taken to address any concerns identified.

There was a positive culture at the service. Staff were happy in their role and felt well supported by the provider and that their views were listened to.

Staff felt that the provider had responded well to suggestions about the running of the service.

Feedback about the service had been sought from people and their relatives.

Staff and the registered manager were aware of their roles and

responsibilities and notifiable incidents were reported to CQC.

The service worked in partnership with other relevant organisations.

The Paddock

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 comprehensive inspection took place on 25 July 2018 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We sought feedback from Healthwatch, relevant health and social care professionals and staff from the local authority on their experience of the service. Healthwatch are an independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change.

During the inspection, we spoke with three people who lived at the service. Some people living at the service did not communicate verbally. During the day we spent time observing the interactions between people and staff in the communal area and out at an event. We spoke with relatives of people, to gain their views and experiences. We looked at three people's support plans in depth and looked at specific areas in two others. We looked at the recruitment records of four staff employed at the service.

We spoke with the registered manager, the deputy manager and four other members of staff. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, training records, accidents and incidents logs. We also looked at what actions the provider had taken to improve the quality of the service.

Is the service safe?

Our findings

People at the service told us that they felt safe living there. We observed that people were relaxed and one person said, "I feel safe here."

One relative told us, "10 out of 10. If anything was wrong and more staff were needed staff would respond immediately."

At the last inspection, on 18 May 2017, the service had failed to ensure that behaviours that challenged or equipment used were adequately risk assessed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014.

At this inspection we found that the registered manager had completed a significant amount of work to review and update people's support plans in relation to risk. We found at this inspection risks to people's individual health and wellbeing had been assessed. People's support plans contained individual risk assessments including, risks arising from behaviours that challenge; personal care; daily living; and medication. Where risks were identified, people's support plans described the actions care staff should take to minimise the risks. Where people had long term conditions there was clear guidance for staff to enable them to support people to remain safe and well. For example, there was information on how the person's condition was managed, what might cause the person to become unwell, how to identify that the person was unwell and what action to take. When we spoke to staff they were able to demonstrate that they knew and understood the potential risks and how these were identified and minimised. For example, staff were aware that one person made a particular gesture prior to having a seizure. This meant that staff could take action to protect the person from the risk of injury. Risks were discussed and shared with staff at shift handover meetings and in team meetings. Risk assessments were updated when people's support needs changed. For example, a health and social care professional had arranged for one person to have a new item of equipment and we saw that the person's risk assessment had been updated to provide staff with guidance on how and when to use this. Some of the concerns at the previous inspection related to a person being cared for at the end of their life. The person had since sadly passed away and we were unable to follow up those specific concerns.

Where people had behaviour that challenged there were now positive behaviour support plans in place. There was information on what might trigger an incident of challenging behaviour. There were proactive strategies identified to reduce episodes of behaviour that challenged and information for staff on how to de-escalate incidents using the least restrictive options. For example, information on how a person responded when they were upset, such as where the person felt they needed to be to calm down. There was also information on what signs to look for that indicated that the person was calming down. Where there had been an incident of behaviour that challenged we saw that people's support plans had been updated. For example, there was a plan in place to support two people to improve their relationship and guidance for staff to follow to ensure that incidents between them did not re-occur. The service had identified some actions that could improve one person's behaviour, they had taken these actions and as a result had seen a significant decrease in behaviour that challenged.

At the last inspection we recommended that a health and safety assessment be undertaken, by a qualified and competent person, of current window security on the first floor, to ensure people were not being placed at risk. At this inspection we saw that action had been taken, window security had been improved and there were now window restrictors in place. This meant that people were no longer at risk of being able to fall or climb out of the first floor windows.

Other risks to people from the environment were well managed. The registered manager carried out a monthly health and safety audit of the environment to make sure it was safe. This covered all areas of the home and included checking fire hazards and exits, maintenance issues and the emergency lighting system. Where actions were needed these had been recorded on a maintenance plan and were undertaken in a timely manner. For example, the health and safety assessment identified that some carpet needed to be replaced and we saw that this had been done. Staff also told us that they knew how to report concerns if these arose between audits, such as reporting a lock on a person's medicine cabinet that had become loose and needed fixing.

The provider had arranged for regular servicing of the gas and electricity systems to ensure they worked correctly and were safe. There was a hoist at the service and this had been checked to ensure that it was safe. The service was not using this at the time of inspection but kept safety checks up to date should it's use become necessary. The fire alarms were tested weekly to make sure they were working properly and emergency lighting had been checked. Fire drills had been undertaken regularly. People had a personal emergency evacuation plan (PEEP). A PEEP sets out a plan for each person to ensure that they can be safely evacuated in the event of an emergency. The induction for new staff also included participating in a fire drill and reading peoples PEEPs to ensure they understood how to support them in the event of a fire or other emergency.

At the last inspection on 18 May 2017 the service had failed to ensure medicines were managed safely. This was a continued breach of Regulation 12 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014.

At this inspection we found that appropriate steps had been taken to improve the management and administration of medicines and people received their medicines on time and as prescribed. The registered manager had put in place a comprehensive daily check on medicines to ensure that all medicine was accounted for, in date, recorded and stored correctly. All medicines, including medicines in bottles, were dated when they were opened. Where there were changes to people's medicine administration records (MARs) these were signed and dated. Stocks of medicines were checked daily and recorded. Where we checked stock levels we found that the recording was accurate. Peoples medicine was stored in a locked cabinet in their own rooms. The service had safe systems for ordering and disposal of medicines. All administering staff were trained appropriately and their competency was assessed. MARs were completed accurately. There was a record of medicine cabinet temperatures taken twice a day. On the day of inspection it was particularly hot and the service had measures in place to ensure that medicines remained stored at the right temperature. Some people had PRN medicine, this is medicine that is taken as and when required. There were protocols in place to provide guidance for staff on how to use these medicines safely.

People were protected from abuse and the risk of improper treatment. Staff had undertaken safeguarding training and were able to demonstrate that they knew the possible signs of abuse and how to report any concerns. Staff told us that they were confident any concerns would be dealt with appropriately. Staff told us if their concerns were not taken seriously they knew how to raise concerns with the local authority. A health and social care professional told us that there had been some confusion around safeguarding processes in the past, but this had been addressed and the registered manager now understood how to

report concerns to the local authority and protect people from harm. There had been three safeguarding concerns raised since the last inspection. One was found to be unfounded and two related to actions taken by service users both of which had been reported and responded to appropriately. Staff were aware of the whistleblowing policy and knew how to contact outside agencies if they felt unable to raise concerns within the service. One staff member said, "I am confident that concerns would be addressed, if they were not I would whistle blow."

There continued to be appropriate numbers of staff within the service to keep people safe based on the current assessment of people's care needs. Some people benefitted from one to one support within the home and in the community to enable them to remain safe and we saw that this need was being met appropriately. The service had some flexible bank staff who were able to provide regular cover and there were enough staff to cover absences, like annual leave and sickness. This ensured continuity of care. On the day of the inspection we saw that one member of staff had called in sick and the registered manager had been able to arrange cover. Staff told us that there were sufficient staff to provide cover and that they were able to achieve a work life balance.

There continued to be an appropriate recruitment policy and process in place which was followed. Recruitment records were clear and complete. For example, there were references in place, details on staff full employment history and disclosure and barring service (DBS) checks had been completed. A DBS check would highlight any issues there may be about staff having previous criminal convictions or if they were barred from working with vulnerable people.

People were protected from the risk of infection. We observed that the service was clean and free from odour. People were supported to clean their own rooms. Cleaning schedules were in place which were followed by staff. Staff were provided with infection control training and we observed staff using gloves and aprons where these were appropriate. There was a Legionella risk assessment in place and water systems were flushed appropriately. This ensured that water quality was maintained and reduced the risks of exposure to waterborne illness.

Incidents and accidents were recorded appropriately. Learning from these was communicated to the staff at team meetings, in support plans and at handover meetings. Learning from accidents and incidents minimised the risks of avoidable harm. We saw that information about safety was analysed for trends to reduce risk. For example, staff had identified that there was an increase in incidents when one person was unable to attend an external activity. As this was outside of the staffs control, plans were put in place to support the person when this occurred.

Is the service effective?

Our findings

People and staff seemed to get on well together. One person told us, "The staff are very nice". We observed that people were offered choices frequently throughout the day such as what they wanted to eat and drink, what they wanted to do with their time and what they wanted to wear.

One relative told us, "The staff knew when my relative was ill. They were able to recognise things and did exactly the right thing."

No one new had moved in to the service since the last inspection or for many years previous. Assessments for people continued to be updated and there was information on people's life history, communication, needs, choices, and preferences. Information was also available on how people wanted to be supported with their needs in relation to equality and diversity, such as their religious preferences and sexuality. For example, there was information for staff on how to support one person who wanted to explore their sexual identity.

The registered manager had recognised that people at the service were getting older and that some people's needs were beginning to increase due to this. The registered manager was in the process reviewing some people's needs to assess if they needed extra support going forward. This also took in to account people's choices. For example, one person had identified that they wanted to attend a day centre and the registered manager was in the process of discussing if funding could be made available to support their choice. Where the registered manager had identified that they were no longer able to support a person due to their increasing needs the service had supported the person to transition to a new service.

People were supported by a well trained staff team who knew them well and were responsive to their needs. Records showed that staff had continued to receive training relevant to their role to support people. This included manual handling, safeguarding people, equality and diversity, food hygiene, and fire safety. Staff had also had training on some areas of specific need such as dementia support. The registered manager was planning training for staff on end of life care as people at the service were getting older. New staff completed the care certificate. This is an identified set of standards that social care workers work through based on their competency. New staff confirmed they completed an induction which included shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff told us, "The induction was really good and I felt confident to start in the role." Staff told us that there were opportunities to develop enhanced skills and some staff were undertaking a NVQ 3 as part of their professional development.

The registered manager checked how staff were performing through one to one supervisions, team meetings, service meetings and an annual appraisal of staff's work performance. Staff told us that there was always a manager or supervisor available to support them and answer questions when needed. Staff said, "I feel supported and I am happy with the way I am supported". Staff confirmed that they had opportunities to meet with the manager to discuss their work, performance and training and development needs. Staff told us, "We have the opportunity to discuss the support we need, training and development and progression if

we want it."

People were supported to eat and drink, maintaining a balanced diet. The day of the inspection was very hot. We saw that people had access to drinks when they wanted them and staff encouraged people to stay hydrated. People were also offered ice's and fruit. They were supported if needed to eat these safely. People had a weekly meeting where they chose the menu for the week and this was displayed on a pictorial menu. During the inspection everyone ate out that day. However, staff told us that people had a choice of what they ate and they were happy to make someone an alternative if they wished to have something different. Staff also told us that where people were able to do so they were supported to assist with meal preparation in the main kitchen. A second purpose built kitchen was used by people where they were supported to make meals for themselves and improve their daily living skills. Staff told us that they encouraged people to use this kitchen where possible. One person told us, "The food is good. I like the sandwiches."

People were supported to eat and drink safely. For example, one person had been referred to the speech and language therapy team and now needed to use a powder to thicken liquids in order to drink safely. This thickener was detailed in the persons support plan, stored safely, labelled correctly and staff understood how to use it appropriately. We saw that this was used when the person had a drink. Another person was at risk of choking due to the way in which they ate. We observed staff supporting the person appropriately. For example, staff sat with the person and prompted them to eat slower and pause between mouthfuls.

People were supported to be active and to maintain their health. People were encouraged to go walking either independently or with staff support as appropriate. Some people participated in fitness classes and sporting activity. The service also had some gym equipment which staff told us they encouraged and supported people to use. We saw some people doing exercise to music with staff support. Where people needed support to maintain their weight records showed that people were being weighed and changes in their weight were reviewed by staff. Where necessary, a referral to a dietician or other healthcare professional was made to gain appropriate advice. Where a referral was needed we saw that this had been made.

People had health passports in place. These contained important information about the person, including what support they needed with their personal care and communication and what medicines they were prescribed. The health passports were reviewed and up to date. People could take these with them if they were admitted to hospital to ensure that health care professionals knew how to support them and ensured consistency of care.

Where people needed to access health care we saw that they were supported to do so. People's support plans showed they had accessed services such as GPs, dentists, and dietitians. Where people needed equipment this had been acquired and the persons support plan had been updated to reflect this. Records showed that people were supported to access medicine reviews and health checks annually. Where people had long term conditions or changes in their health care needs we saw that they had been supported to see a relevant health specialist.

The premises were adapted to meet people's needs. The service was homely and people had personalised their rooms, we saw that one person had hanging on their wall pictures that they had made. There were spaces within the service where people could go if they wanted to be somewhere quiet. There was a garden with seating at both the front and the back of the premises for people to access. The rear garden was in need of some attention after a long period of no rainfall in the area and the registered manager had secured the services of a gardener to make some improvements. However, we observed that people preferred to use the front garden where there was shade. Both gardens were accessible and we saw people accessing the

front garden independently and enjoying the space.

The Mental Capacity Act 2005 (MCA 2005) provides a legal framework for making 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 make a decision, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some people at the service had capacity to make their own decisions and choices with support and they had signed their support plans to consent to their care. Where people did not have capacity, there were best interest decisions in place in line with the guidance within the MCA 2005. For example, one person needed an operation which would involve a general anaesthetic and a meeting was planned to agree if this was in the persons best interests.

Staff we spoke with understood the principles of the MCA 2005; staff were aware of how to respect people's choices and that people had the right to make unwise choices where they had the capacity to do so. We saw that everyone at the service was offered choices constantly throughout the day and those choices were respected. For example, people's medicines were stored in their rooms. When we wanted to check people's medicines, staff asked each person if they gave their permission first. Where people declined to let us enter their rooms staff asked us to respect this choice.

At the time of the inspection, four people at the service had a DoLS in place and one person was under the Court of Protection. The registered manager understood their responsibilities under the MCA 2005 and had made the appropriate applications to the local authority and sent notifications to CQC. Some people had keys so that they could lock their room and come and go when they chose to. Some people had chosen not to have a key and when this was the case this had been recorded in their support plan.

Is the service caring?

Our findings

When we visited the service one person was celebrating a special event. The person had chosen to go to the pub with staff and other people from the service. The people at the service wanted the expert by experience to join them for this trip so we accepted this offer and observed people and staff whilst they were out together. We saw that people were happy and relaxed in the company of staff and that staff knew people well. Some staff who were not working came by to say hello and people seemed to be happy to see them. Staff knew the likes and dislikes of those people who found it difficult to choose for themselves and supported them to choose a meal from the menu.

One health and social care professional told us, "The care at the service is very good and they do a lot of things to improve independence."

One relative told us, "The staff are extremely caring. They were very caring towards me too, always welcoming which is important."

When people came back from their trip out we heard people laughing loudly and talking continually throughout the day. There was cake for the person and people were singing and dancing. Staff had decorated the service and the person received cards and gifts from other people and staff. Staff and some people then chose to play a game. We observed that people were familiar with the game and were enjoying taking part.

Staff were kind to people and patient with them. One person had memory issues and asked staff the same question a number of times. Staff responded to the question in a kind manner as if the question had been asked for the first time.

People were supported to communicate and staff knew people's communication needs well. For example, we observed that one person had a long and complex conversation with staff using their own signs. The person was communicating something that could cause them to be upset and this meant that staff were able to give the person the emotional support they needed. Other people communicated using gestures and staff were able to interpret these. The service had considered introducing more technology to improve communication and some people had electronic tablets, however the people concerned had expressed that they were not interested in using these.

Some people also had advocates to support them to express their views. Advocates are independent and help people express their views and feelings. When people had been involved in incidents that could lead them to be upset or wished to make changes to their support we saw that people had been invited to meet with an advocate to discuss this.

Where people needed support, this was done in a calm and discrete manner. For example, one person needed support with eating and staff did this in a quiet and unobtrusive way that did not draw attention to the person or interfere with their participation in the group's conversations. Another person had chosen to

wear an item of clothing that was not weather appropriate due to the heat. Staff talked to the person calmly and took the time the person needed to understand the concern. The person chose to change and staff supported them to choose an alternative item of clothing, when the person returned they were happy and smiling.

During the day we observed that staff respected peoples space and privacy. Staff knocked on people's doors before entering and waited for the person to respond. Personal care was provided away from other people with doors closed for privacy. One person told us, "If I want to be on my own I can just go into my bedroom." When people ate, staff supported them to clean their hands and faces after the meal and people were wearing clean clothes.

People at the service were growing older, however staff encouraged people to continue to be as independent as possible. The service had built a separate kitchen in the garden to the rear, this kitchen was fully equipped to enable people to cook meals and wash clothing. This meant people could maintain their daily living skills and increased their opportunities to learn new skills. People were encouraged to participate in cooking and shopping. Where people were able to do so they were supported to do their own washing and to clean their own rooms.

People continued to be encouraged to go out and do things for themselves. For example, one person found being outside could make them anxious. When they needed to go shopping for clothes or other personal items, staff would discuss this with the person in advance and helped them prepare for the trip. This meant that the person was able to do their own clothes shopping and go out for activities without becoming anxious.

People's personal records were stored securely which meant people could be assured that their personal information remained confidential.

Is the service responsive?

Our findings

People told us that they had choice and were listened to. One person told us, "I like to go to the cinema. I like to go to the coast. The staff listen to me."

One relative told us, "I would recommend the service without hesitation. It's lively and a really nice place".

People's support was based around their needs, choices and ambitions. Where people were not able to engage verbally staff observed people's own signs and gestures to establish people's preferences. People were supported to achieve their goals. For example, one person wanted to go on a trip even though it could make them feel anxious. Staff were working with the person to prepare them for this and were planning the event.

People's support plans were detailed and contained a good level of information to enable staff to support people in a personalised way with all aspects of their care. One health and social care professional commented that they found support plans to be very person centred. There was information on how people liked to be supported such as what temperature they wanted a bath to be and what creams they preferred to moisturise with after bathing. We checked a number of people's support plans and saw that these details were different in each person's plan. We also checked to see if people had the cream they preferred to use and found that they did.

There was information about people's life history and the things they had previously enjoyed. There was also information on what people had not enjoyed and how they had expressed this. This enabled staff to understand people's preferences when people did not communicate verbally. For example, there was information on how one person indicated that they wanted some time to themselves and how staff should support the person to do so. People met with their keyworker monthly to review their support, at the meeting the keyworker and person produced a report which was used to update the person's support plans.

People were supported to participate in activities of their choice. People met with their keyworker regularly to discuss their activities and plan what they wanted to do. People also discussed activities at the weekly service meeting and shared ideas about events they wanted to attend. Some people chose to go to the pub regularly and we observed that staff at the pub knew people well. Some people chose to go to day centres. Other people regularly went out alone to visit friends and family. Some people had chosen to go carriage riding and this had been arranged. People living at the service were busy and active and there was a lively atmosphere. There were quieter spaces where people could be if they wanted to spend time away from others. One person liked to paint and attended an art group, a number of their paintings were hanging at the service in communal areas and in the person's room.

The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided

in easy read format and staff used these easy read documents and other pictures to explain things to people. Where new situations had arisen, we saw that staff had made easy read materials to explain this to the person. For example, one person was involved in an incident and there were pictures specifically relating to this incident that staff had used to discuss this with the person.

There was an easy read complaints policy on the wall and people had a copy in their room. There had been no complaints since the last inspection. People at the service told us or indicated to us that they were happy and relatives said that they had no complaints.

No one at the service was currently being supported with end of life care. However, staff had supported a person at the end of their life in the recent past. A best interests meeting had taken place with relatives to make the decision about where the person wanted to be supported at the end of their life. The service had respected the families wishes and supported the person to die with dignity at the service as this was their own home. The service worked with the other professionals such as the district nurses to make this possible. Relatives of a person who recently passed away told us, "The service knew my relative and their wishes. They were brilliant. My relative was brilliantly looked after". Staff told us that they were working with other people at the service to develop end of life plans but were taking it very slowly as people found the topic upsetting.

People at the service had been supported to cope with their grief when people and staff had passed away. One health and social care professional told us, "I was Impressed when a staff member died they supported my client really well emotionally."

Is the service well-led?

Our findings

One person told us, "The staff seem happy enough. It is 10 out of 10 here, excellent."

One relative said, "The registered manager is on top of everything, wonderful and always available." One member of staff told us, "I love that it's like a family here. People and staff all get on really well."

One health and social care professional told us, "The registered manager always sent me an email when the persons review was due. They are very pro-active", They listened when I gave feedback and responded to it. The registered manager has been there for a long time, they interact with the staff well and they are inclusive. The staff always seemed happy to come to work."

At the last inspection on 18 May 2017 we found that overall monitoring of service quality remained ineffective. This was a continued breach of Regulation 17 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014.

At this inspection we found that there had been a number of changes to how the quality of the service was monitored and maintained. Checks and audits had been completed. The registered manager had audited all aspects of care such as medicines, support plans, health and safety, infection control, incidents and accidents, fire safety and equipment. An external medicines audit was undertaken annually. The service was in a period of transition of ownership. The long standing registered manager continued to run the day to day service with support from the owner who had been a silent partner for some time but was now active again in running the service. The registered manager and the provider had met recently to review the quality of the service and identify any actions that were needed to improve the service. There were now timescales in place for audits and a plan in place to ensure that these were done as scheduled. Where checks had identified that actions needed to be taken to make improvements, these were added to an action plan or the maintenance log and we saw that these had been completed in a timely manner. We asked the registered manager what had changed at the service to lead to the improvements and they told us that they had initially worked on improving how medicines were audited and that this had been successful and they now felt more confident in this area.

The service continued to be led by a passionate registered manager who was clearly caring and well-liked by the people at the service. The registered manager had been working at the service for a long time and was experienced in working with people with a learning disability. They were supported by a deputy manager who had also worked at the service for a long time and knew people and staff well.

The registered manager had a clear vision for the service which was based on providing support that was led by and focused on the person and developing the service for the future. To achieve this the provider was planning to work with a consultant to develop the future for the service. The registered manager was aware of these plans and was in full support of them. The manager also told us that they felt well supported by the provider in their role.

There was positive atmosphere at the service. The staff we spoke to were positive about working at the service and were happy in their role. One staff said, "What you achieve makes me proud, the enjoyment on people's faces and seeing people smile and the warm greeting you get when you arrive at work." Staff were clear about their roles and responsibilities and who their manager was. Staff spoke positively about the registered manager and told us that they felt well supported in their role. Staff told us, "The registered manager is a good manager, they always try and sort things out for you when you need help". Another staff member told us, "The registered manager, the deputy manager and the team leaders are all easy to talk to."

The registered manager and deputy manager were visible in the service and worked alongside staff on a daily basis and were therefore able to lead, review and understand staff practice.

Staff were managed in teams and there were regular team meetings and service meetings for all staff. We saw minutes of meetings held, and the staff we spoke with confirmed that they took place. Staff told us that they were confident raising ideas and suggestions at these meetings and that they felt listened too. One member of staff told us, "The staff have really come together this year and we are working really well together as a team."

The service had sought feedback from people's relatives and we saw that this was positive. People were also invited to express their views on the running of the service at the monthly keyworker meetings and the weekly service meetings. Feedback from people was also positive.

The registered manager continued to work closely with social workers, referral officers, learning disability health professionals and other health professionals. Some feedback had indicated that at times the service had been insular. However, the feedback also identified that this had started to improve and other feedback had been positive about the services interactions. The registered manager had already identified this as an area for further development.

The registered manager was aware of when notifications had to be sent to CQC, and had appropriately done so. These notifications would tell us about any important events that had happened in the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.