Care Management Group Limited

# Care Management Group - 78 Stubbington Lane

## Inspection report

78 Stubbington Lane
Stubbington
Hampshire
PO14 2PE

Tel: 01329668701
Website: www.cmg.co.uk

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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? | Outstanding |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

78 Stubbington Lane is a residential care home accommodating up to six adults with learning disabilities. There were six people living at the home at the time of inspection.

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

In addition to the registered manager, a deputy manager was employed at the service, along with team leaders and support workers.

People were safe. Staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Medicines were well managed and people received their medicines as prescribed. Emergency systems had been put in place to keep people, visitors and staff safe.

The service was effective. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that was easy to understand. People were supported to maintain relationships with family and friends. People were supported to eat and drink enough. Staff often went above and beyond in providing more than care, and became positively involved and supportive of people's whole life aspirations and interests as well as needs.

Health and social care professionals gave positive feedback about the personalised approach of staff towards people and how well people were cared for. Comments included, "I have visited this home quite a few times for reviews and I have never had any concerns. The staff are very caring. In particular I have been impressed with the compassion and perseverance I have seen when they have been supporting some people with complex care needs."

The service was very responsive to people's needs. People received person centred care and support. They were offered a range of individual activities both at the service and in the local community, based upon their hobbies and interests. People, relatives and staff were encouraged to make their views known and the service responded by making changes. Transitions for people moving to the service were well planned. Staff

had worked to ensure people had fair and equal access to healthcare services. A person's relative described the service as "fantastic", and went on to say, "I can't praise it enough. Since [name] has been at 78 Stubbington [name's] life has changed completely. The difference is great, less anxiety and they can cope with life better than before."

People benefitted from a service that was well led. The registered manager and senior staff were well respected and demonstrated good leadership and management. They had an open, honest and transparent management style. When talking about the work they did the registered manager commented that he was always looking at "How we can do things better?" and "How can we get people to reach their heights of potential?"

The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon. The vision and values of the service were effectively communicated. The management team had a clear plan for further developing and improving the service people received.

## 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 safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

There were enough suitably qualified and experienced staff.

Medicines were well managed and people received their medicines as prescribed.

Emergency systems had been put in place to keep people, visitors and staff safe.

### Is the service effective?

Good

The service was effective.

The service was complaint with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff who received regular and effective supervision and training.

People were supported to make choices regarding food and drink. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

### Is the service caring?

Good

The service was providing good caring support.

People were positive about the staff and the relationships they had with them.

The ethos of care was person-centred and each person was valued as an individual.

The service was creative in enabling people to live their lived to the full.

People could express their views and make decisions, which staff acted on.

People's privacy, dignity and independence was respected.

## Is the service responsive?

**Outstanding** ☆

The service was outstanding in providing responsive support

The service actively promoted people's well-being. People were supported to follow their interests and take part in social activities.

People's care and support needs were monitored and reviewed to ensure people's health and well-being were paramount. For example, high quality information and monitoring for of people's seizures.
There was a complaints system in place. People told us they had no need to make any complaint.

People told us they could receive visitors whenever they wished.

One person's recent move into the service had been well planned and planned around their individual needs

## Is the service well-led?

**Good**

The service was well led.

The registered manager deputy manager and team leaders demonstrated good leadership and management. They had an open, honest and transparent management style.

They involved people who used the service, staff and external professionals in conversations to help move the service forward and ensure they were able to support people's aspirations.

The vision and values of the service were effectively communicated, understood by staff and put into practice.

The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

The management team had a clear plan for further developing and improving the service people received.

# Care Management Group - 78 Stubbington Lane

**Detailed findings**

## Background to this inspection

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

The inspection took place on 18 January 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This Information helped us to identify and address potential areas of concern. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

During the inspection we spoke to six people living at the home. To help us understand the experience of people we also spent time observing interactions between staff and people who lived in the home.

We also spoke to the registered manager and six staff. We looked at the care records for two people, and the medicines administration records for six people. We reviewed two staff files in relation to their recruitment, supervisions and appraisals, the staff training matrix and the staff duty rota for four weeks. We also looked at a range of records relating to the management

Good

# Is the service safe?

## Our findings

Whilst people did not specifically tell us they felt safe their interactions and relationships with staff were friendly and comfortable. People laughed and joked with staff and the atmosphere was relaxed.

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. One member of staff told us "It's about people's choices and rights. If I had concerns I would report it to my line manager or the Police." Staff told us that they had training in safeguarding and this was confirmed by the training records we saw.

There was a whistleblowing policy and safeguarding policy in place with contact details of CQC and the local authority. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information was displayed in the staff office.
The manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

Risks to people were managed to ensure that their freedom was protected. Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. Person centred plans contained risk assessments in relation to bathing, skin integrity and specific health conditions. For example where people lived with daily seizures they were not left alone in the bath. There were monitors in place in their rooms as well checks by staff at night every 30 minutes. People received one to one support during the day. We observed this was friendly support and companionable.

Medicines were stored and disposed of safely. One staff member was responsible for ordering and disposing of the medicines, this was to minimise the risk of mistakes being made. People required staff support to enable them to take their medicines.

Medicines were administered safely to people. We looked at people's medication administration records (MAR) and their packs that contained the medicine. The records were signed by staff, without gaps, indicating that people received their medicines. We observed medicines being given to two people; it was done in a dignified and safe way with the person's consent. The staff member asked the person "Would you like your medicine now?"

Where needed, there were risk assessments in place for people with individually identified risks and an action plan on how to manage them. Where people went out of their home into the community, there were risk assessments in place to address any issues. Staff knew what the risks were to people, such as road safety and use of the home's vehicles. Staff told us there were enough staff to meet people's needs and the current staffing arrangements worked well.

The manager told us that at night there were two waking night staff and during the day there were four members of staff in the morning and afternoon with one member of staff working a middle shift. The rotas

and our observations on the day confirmed that these staffing levels were consistently maintained. We saw that people did not wait for care or support when it was required and staff were always available in communal areas.

The manager had ensured that staff were recruited safely. Appropriate checks had been carried out to help ensure only suitable staff were employed to work at the home. Before staff could support people, a disclosure and Barring Service (DBS) check was made. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff we spoke with confirmed they had had interviews and completed an application form. They said employment had not commenced until all checks had been received.

The manager told us the service had a plan in place should events stop the running of the service. People would be kept safe in the event of an emergency and their care needs would be met We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred.

Each person had a sheet which included personal information about them such as their diagnosis, GP, medicines and allergies. People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

The manager had oversight of incidents and accidents. Incidents and accidents were recorded, and followed up to minimise the risks of the incident occurring again. For example, after a person had a fall, a medicine review was undertaken by the GP. Staff knew what to do if someone had an accident, for example a fall. One staff member told us that they were first aid trained. They would check the person for injuries, call 999 and complete an incident form.

Good

# Is the service effective?

## Our findings

Staff and the manager knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. Throughout our visit we saw people's needs were met. Staff provided the care and support people required. Feedback from health and social care professionals was positive regarding how effectively the service met people's needs.

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been lawfully restricted to keep them safe.

People living at the home had capacity assessments. We saw where people were not able to make decisions about their finances or able to manage their medicines they had capacity to decide other aspects of their life. For example the front door had a key pad. The manager explained they had spoken to people about keeping them safe and protecting those that were more vulnerable, such as those living with seizures from leaving unnoticed and then having a seizure. Also one person who had moved to the home had in the past absconded from previous care homes. Having given people time to think about it, they spoke to people the next day about their opinions and people agreed to the key pad. This process was shared with the safeguarding team at social services who agreed that people had been able to make the choice. This demonstrated the service assumed in accordance with MCA principles that people had capacity.

The registered manager and staff had a good understanding of the MCA including the nature and types of consent. Staff understood people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "It's whether people have a capacity to make a decision."

We saw staff throughout the day asking people's consent before supporting them with their needs. People received care from staff that had the skills and knowledge to care and support them effectively. The registered manager ensured that the staff had the sufficient knowledge to support people effectively. This was done through handovers and regular staff meetings.

The home had five bedrooms in the house and a sixth in an annexe. One person lived there and the annex was a bedsit with its own kitchen and bathroom. The manager explained the person had been unwell when arriving at the home however the home had been chosen by them because of the annexe. Since being at the home the person had become more independent. Staff would ask the person's permission to enter the

annexe. Staff asked us if we would like to meet the person and see their rooms. We went over with staff who knocked the door and explained who we were and whether we could see their home. We did not enter until the door was opened to us.

The person was able to come into the house for companionship and meals and went shopping with others on the day of the inspection. We saw pictures of them mowing the lawn outside the annexe, and a read a statement from their family on how wonderful it was to see them so independent. The manager told us they had been effective in enabling another person who had lived in the annexe to move onto more independent living and that was the aim with the person currently residing in there.

We asked another person in the house if we could see their room and they agreed and took us upstairs, unlocked their room and proudly showed us their room which was full of their personal items and objects for them to enjoy their hobbies and interests.

The manager told us that when a new member of staff started in the home, they would have an induction period with a booklet to complete. We saw that new staff had an induction checklist in place that was being completed with the registered manager. The checklist included reviewing people's care plans and reading policies and procedures. Staff were enabled to get to know people through a shadowing system which took place over a particular period. New staff shadowed experienced staff and supporting documentation was completed. A buddy system was in place between experienced staff and newer staff to support them in their roles. The provider told us this helped new staff settle in and reduced turnover.

Staff told us about the training they had received. A member of staff said "We learn every day. I have had training in learning disabilities and I am currently on my care certificate." The Care Certificate' is the standard employees working in adult social care should meet before they can safely work unsupervised. It gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Training also consisted of infection control, medicines, first aid, fire safety and all staff had received training in a special medicine prescribed for people who had seizures and training in this was updated regularly.

The registered manager ensured that staff had regular supervision which looked at their individual training and development needs. This was confirmed by staff and the records held.

People were supported to have a good choice of food for a healthy, balanced diet. We observed a meal time. People were either supported to make their own lunch or staff made what the person had chosen. Staff cooked the evening meal with people's support. For example, one person peeled the potatoes for the mashed potato. We heard people being asked what they would like to eat. The meal was sociable. Where people needed support with their eating and drinking this was given in a dignified way. Staff ensured that where necessary people had their food cut up or had appropriate drinking vessels. Where needed staff monitored people's food and fluid intake to ensure a well-balanced diet.

People ate in the dining room, and had snacks in the lounge when they wanted them. People had a choice of hot and cold drinks throughout the day. One person had been found to be unwell when they drank excessive amounts of tea. The staff had spoken with the GP and the person and there was a plan in place with the person's agreement on how much tea they could have each day. We heard the person ask staff about a cup of tea and the staff spoke with them about the plan until they were able to work out whether they could have this or another beverage. They took it all with humour and told us why they were not able to

have lots of tea.

People were supported to maintain their health and wellbeing People's weights were monitored regularly and weight for people was remaining stable. The service encouraged people to consider healthy eating by providing visual and accessible information ways to help them make good choices. The menus were compiled by staff with input from people about their choices and preferences. These were discussed and used weekly in pictorial formats.

When there was an identified need, people had access to a range of health professionals such a dietician, psychiatrist, dentists and optician. People were supported to attend annual health checks with their GP. People had hospital passports in place, this identified people's health needs and which health professional was supporting them.

Good

# Is the service caring?

## Our findings

The service had a warm and vibrant atmosphere where people were encouraged to share their views and opinions. People told us they were happy living at the home. Comments included, "I am very happy here" and "It's brilliant" and "Love it." Staff told us, "We are really good at all areas but I think we are outstanding in caring for people."

We witnessed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and joking with people. We saw that where people requested support it was provided promptly and discreetly by staff. Everyone we spoke with was complimentary of the staff who supported them. Throughout the inspection it was notable that staff were not rushed in their interactions with people. We saw that staff and management spent time chatting with people individually and supported them to engage with activities.

Staff interacted with people in a professional and warm manner. We saw staff using humour and touch when engaging with people. Staff said they loved their jobs, comments included, "What I love about my job is that we have time to spend with people. We aren't totally rushed off our feet but instead we can get to know the residents and really try our hardest to make it a 'home from home."

People were treated with equality and dignity, it was definitely their home and the staff were part of that. We saw staff ensured doors were closed when personal care was taking place and always knocked on people's doors before entering. People's comments included, "I have my own key for my room, staff always ask to come in." We heard staff asking to enter rooms and reminding people in a dignified way when they had left their keys in their door.

People were involved in caring for each other, they knew one person had been to the GP for a regular appointment and asked how they were. Another person regularly asked about another person's well-being who had been unwell in the morning.

People were independent and staff were seen to support that independence. For example one person has been supported to learn to ride their bike in the local area and gain confidence with this. Staff also brought their bikes in to work so they can join in with people and share interests.
Other people were also supported by the service with visits to family, using the home's vehicle and staff to have day visits, some as far as Bridport and Surrey. Regular home visits were supported and organised by the service, with the person and family input, to facilitate regular contact with family members.

People were involved in keeping their home clean and tidy and they had individual chores. This led to the environment feeling more like people's own homes than a care home.

Two people were aware they had their chores to do and disappeared upstairs to play a football game. They laughed and joked with staff as they said they had played "truant" from their chores. We saw them complete their chores with energy and pride. Staff told us [name] loved cleaning and we asked the person about what

they were doing and they confirmed "I like doing this."

There were jokes between people and staff about emptying the dishwasher and unpacking the shopping. People 'tricked' staff into believing the people who had gone to the shops had returned and the shopping needed unloading. Staff joined in with the joke by going to check if the car had returned.

Two people were going to watch football the evening of the inspection with staff and were looking forward to the match. They always sat in the same seats as they were season ticket holders and knew the other people who sat near them. Staff told us that one fellow fan went with their son and usually brought treats for the people from Stubbington Lane too. The deputy manager had contacted a local football celebrity and they had corresponded with them on one person's behalf. We saw emails from the local celebrity football players to the deputy manager regarding the person. As a result the person had been invited to spend time at a charity event with the celebrities a couple of years ago. This has now turned into a regular event with the person being waited on by one of the celebrities with tea and bacon rolls. The person was very proud of this relationship. The celebrity wrote thanking [name] for a card and letter, "It brought a huge smile to my face as it reminded me how chuffed [name] was at being waited on hand and foot!"

Staff had detailed knowledge of the people they were supporting and understood when it was appropriate to offer additional support and guidance and when people needed to assess and resolve situations with little support or gentle guidance. The attitude and motivation of staff to see people flourish was shared by a team approach which put people at the heart of everything they did. For example encouraging involvement in the community, they assisted one person to make contact with the local community centre which they now cleaned at once a week. The person was now able to go to the centre on their own to work. Another person had been encouraged to go into the community and secured work at the local library stamping the books that had been withdrawn; another person loved cats and was able to join the local cat's protection league to help care for the animals.

People were encouraged to style and decorate their bedrooms how they wished and staff supported people to purchase items to make their room their own. Some had chosen to have their own bedroom key.

Staff were highly motivated to provide the best care each person required and this was clearly visible throughout the service. Staff frequently went above and beyond the required expectations. For example staff came back to work after their morning shift to support people going to the football match. The manager confirmed that the staff often returned and gave their own time for further social interaction with people at the service.

Staff had an empowering and empathetic attitude to supporting people and their personal development. For example when one person moved to the home they needed full support as these tasks would often result in some behavioural concerns. However over time they have been supported to develop their independence and they can now complete most of their own personal care, including hair washing, shaving and teeth brushing.

People felt listened to and were encouraged to express their views and to make their own choices. Staff provided people with sufficient information for people to make their own decisions and empowered them to do so. We saw staff taking a passive role in the decision making as part of the process to help people become independent and make decisions. The provider told us end of life care plans were in place for all service users.

People's care plans had information about the support people needed around making decisions and this

was followed by, and strengthened by staff. People's individuality was respected and encouraged. We saw records of meetings between people and their key worker where they planned activities and the staff worked with them to see what support they needed. For example horse riding for one person who had regular seizures. Staff spoke with them about the risks and what they could do to minimise the risks but there would remain some risks. The person was given this information and still had the choice of taking those risks.

Staff said people were treated with dignity and respected as individuals. One member of staff said "There are risk management systems in place and staff support people to make their own decisions." Each person had detailed risk assessments in place which were created promptly and reviewed regularly as required. Staff treated people affectionately and recognised and valued them as individuals. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand or used the method of communication needed by that person and took time to listen. For example, staff used short closed questions or statements.

We saw people had the choice of spending time in their rooms, or in the lounge and dining areas. The activities board in the lounge showed the weekly activities, as well as each person's 'activity day', where they could choose an activity in advance, for example a home visit or a day trip to a theme park. Records showed that people chose to use their days to do what they wished.

The home operated a keyworker system. This meant that one staff member was the main contact between the service and the person and their relative(s). The keyworker was also responsible for updating and reviewing the person's care plans and risk assessments. They also had a meeting once a month with the person to see what goals they had in the short term and long term. For example, the holiday's people wanted to have this year were discussed. One person told us they already knew where they wanted to go on holiday and staff confirmed they were already making arrangements for three people to go to a theme park. Others whose love was football had away match season tickets and staff supported them to travel round the country and have overnight stays in order to see their team play.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. For example a coach from an active academy and a tennis session said; "We had four attendees at this week's tennis session one of whom achieved a rally of nine shots. It was great working with [name] and I would like to especially mention [member of staff name], who I believe was shadowing but really got involved and helped [name] achieve some great rallies."

We saw many messages of thanks from people or their families describing the differences they had seen in family members since living at the home. For example "By the way, good job with the wardrobe and photo's [name's relative says his bedroom is lovely." Staff had recorded the event in photos and had helped the person decorate their room with them. Another commented "Thank you for keeping us informed nearly every day by phone or email about our son's behaviour, what he is doing and how he is coping – all in a very relaxed manner."

Outstanding ☆

# Is the service responsive?

## Our findings

78 Stubbington Avenue put the people who used the service firmly at the heart of how it was run. People told us and we saw numerous examples of how person-centred the service was at tailoring activities to meet people's specific needs.

People's care was reviewed as required with them. Relatives and health professionals were involved. This was evidenced in people's care plans. Two people attended medical appointments in different parts of the country, for example Bristol and Berkshire as this was where their specialist was and it was felt that continuity of care benefitted them. Staff supported them to these appointments and in one case it also meant that the family could be involved in supporting their loved one.

For one person, the staff keyworker had put together an information sheet on how this person's health condition impacted on the person and what support they needed. An external health professional had been complimentary about the care provided to this person to support them to manage their health condition. We saw the letter they had sent to the home which stated, "They [staff] brought one of the most carefully researched and helpful documents I have seen for many years for which I was enormously grateful. [There was a] beautifully designed bar chart of the seizures over the last four years and it accompanied a letter detailing medication changes."

We also saw these documents and an email detailing the reason behind their development. The manager told us, "My aim has always been to find a format that gets a lot of critical data into a concise format. It is good to know we have achieved that." The documents now used were in response to one person's daily seizures and the complexity of those, as they experienced many different types of seizure, sometimes in a short time period. The new records were able to capture the fine details that could be missed in a more standard seizure diary. It clearly showed the type of seizure which informed the action that staff must take to support this person. The same document had been adapted for staff to use with a second person who also lived with epilepsy. Again staff could use the record to record any seizures and it helped them support the person.

For the person this meant that their seizures were closely monitored and any action regarding medicine changes and support could be altered quickly to ensure their safety. It also meant that their wishes regarding the activities they wished to attend could take place as staff had a good picture of their wellbeing.

One person had a breathing machine at night, staff checked regularly that the mask was still on and gently adjusted if it had moved when the person was sleeping. Staff also reminded the person to use the machine if they had gotten up in the night. Staff had clear guidelines in place for people who needed specific pieces of equipment. This told the staff exactly what to do and how to use the piece of equipment to keep the person safe. For example, how to switch it on and how the person should wear it to have maximum benefit.

We saw how careful planning had taken place to support moving one person into the annex, a more independent part of the main house, because it was known that they had had difficulty adjusting to another

provider's home and as such had displayed behaviours that proved difficult for that home to manage. When the manager from 78 Stubbington Lane went to assess the person they found that the person did not like the noise in their current accommodation and found difficulty with the communication their fellow housemates had exhibited. The manager told us that they offered the person the annex knowing they would have their own space as well as support when they needed it. The manager and records demonstrated there had been no issues after the settling in period and the family were extremely happy with the transition and the transformation in their loved one to a quiet relaxed person.

Another person had wanted to go to Disneyland Paris and with a lot of planning they had been helped to achieve this. The provider has a national service user award scheme; this person had won the award for most inspiring positive risk taking. This award recognised that the person had chosen to take risks to do what they wanted to do although they lived with a difficult health problem. This person also loved musical shows and staff told us how they had supported them to London and had arranged overnight stays. This meant the person did not get too tired and could rest, which made the trips more enjoyable for the person considering their health needs. The impact of the award for the person was a boost to their confidence that whilst living with major health issues they could still have their dreams met. The award scheme runs every year and people are nominated by the staff in the home for an achievement they have made in their daily lives, whether this is an activity which involves risk taking or they have showed caring and compassion for others.

Learning to enable independence was available for people up to the age of 25 at local colleges. However this was not available to people above that age. The manager told us that the provider (Care Management Group) had implemented a learning experience for people over the age of 25 who lived in their services who may not have had access to these opportunities in the past. This enabled them to have the same access to subjects such as writing for example. One person told us they loved writing and they allowed us to look at their workbooks.

The manager told us the provider was in the process of relaunching this programme with training for staff to support people to complete their workbooks and subjects.

People received a personalised service that met their needs. People had person centred care plans in place. People's care plans were detailed and informative. They included records of initial assessments completed prior to individuals moving into the service. People and their relatives were encouraged to visit the home before moving in. This gave people a chance to meet other residents, get to know staff and gain an understanding of how the service operated. Once a person decided to move into the service the manager visited the person at home to discuss the details of their specific care needs and their wishes. During this assessment meeting details of the person's life history, likes, preferences and interests, care needs and medical conditions were discussed, in order to establish that the home was able to meet their care and aspirational needs and wants.

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information was accurate. The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. The care plans included clear instructions for staff to encourage people to be as independent as possible, while providing information on the level of support normally required. For example, one care plan informed staff that although the person had limited mobility to walk very far due to their pattern of seizures, they were encouraged to walk short distances daily in order to maintain their independence and mobility. In order to support this, staff encouraged the person to walk during the day around the home and staff would observe. This meant the person felt reassured that staff were there to

support them.

Care plans included photographs of the person and additional information about people's background and life history. They were set out clearly and provided current information and guidance for staff about how people should be supported. One member of staff told us, "The care plans are good. They are also updated as soon as anything changes and reviewed at least monthly. The information you need is in there and is easy to find." The care plans included clear informative daily records of the care provided and activities each person had engaged in.

Information about people was shared effectively between staff. A staff handover meeting was held prior to each of the three shift changes each day. Staff told us they shared information about how people had spent their day, changes to medical conditions or care needs and details of planned activities or appointments. We saw this information was then passed on to the shift coming on duty by the senior member of staff. This meant staff received up to date information about people's needs immediately before the beginning of their shift.

Relatives, health and/or social care professionals were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people and their relatives if they wished, and external professionals (if appropriate), so they reflected the person's current support needs.
Staff supported people to reduce and manage their behaviours which challenged. The registered manager told us about one person who had certain behaviour when they moved in. This impacted on others in the home as they could exhibit behaviours which others might find distressing. Staff supported the person by using specific strategies, for example staff were trained in positive behaviour support and communication; which supported and enabled the person to completely stop this behaviour and they now participated in activities inside and outside of the home. There were plans in place to support the person to go to the local shops on their own which would not have been possible until recently.

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose where and who they sat with at lunchtime, how they spent time during the day and the activities they engaged with. People said, "I decide how I spend my days and what time I get up or go to bed." During the inspection we saw that staff were mindful of when people had had a disturbed night and did not disturb them to get up from bed until they were ready to. Staff explained that it was important for people to have choice and control over their lifestyle.

None of the people we spoke with had any complaints about the quality of care they received at the home. People were aware of how to make complaints and we saw that copies of the service's complaints procedures which were in an easy read format were displayed at various locations around the home. People told us they would raise any issues or complaints with staff or management.

The registered manager told us that there had been two complaints since the last inspection, by people who lived at the home, about a fellow housemate. We saw how staff had spoken with the complainants and that they were working with the household in managing the concerns. The home had a complaints policy in place which detailed how a complaint should be responded too. Staff had a clear understanding of the complaints procedure and understood that they would report any complaints to the registered manager so they could put things right

Good

# Is the service well-led?

## Our findings

Throughout our inspection we saw a person centred culture and a commitment to providing high quality care and support. Everyone we spoke with including people who lived at the home were all consistently positive and complimentary about the service. People told us how happy they were with the care provided and said that they enjoyed living in the home. One person told us, "I couldn't be anywhere better!"

Staff morale was high and the atmosphere was warm, happy and supportive. Staff told us, "It's a brilliant place to work", "I really enjoy working here and making a positive difference to people's lives." The culture of the service was open, honest and caring and fully focused on people's individual needs.

The home had a stable staff group; the manager told us that no agency staff had been used in almost three years, bank staff were rarely used and staff turnover was extremely low. The rotas were printed a year in advance so that staff could plan their lives around work and management could efficiently plan cover for leave and training.

Senior staff provided us with information requested promptly and relevant staff were made available to answer any questions we had during the inspection. Whilst doing this they were careful to ensure the care and support provided to people was not affected. The registered manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

The manager told us that there is a positive work place culture and that the home has signed up to the Driving Up Quality scheme where they assess themselves and set goals for raising the quality standards at the home. The scheme is a Code of Practice for Providers and Commissioners, and 'signing up' is a commitment to driving up quality in services for people with learning disabilities. The public is able to see the code and how support is focussed on the person, and see who has signed up to the scheme.

The provider and 78 Stubbington Road promoted 'Stamping Out Over Medication of People with Learning Disabilities' (STOMP) which is a national campaign being led by NHS England. The provider told us "The success story of one person at the home has been included in a STOMP report that is being published and launched at a House of Lords event in June 2017 where the registered manager will give a speech." The case study reports that one person who moved into the home was prescribed large amounts of medication to help calm them. The service worked with the family and other external professionals to dramatically improve this person's life and significantly reduce their medication. The provider told us the person "now attends football matches at Wembley and Southampton FC as a season ticket holder, whereas before they struggled with their anxieties to walk for five minutes to quiet local areas."

We asked staff what they though the ratings should be for the home, they said they were all high but they felt that caring was outstanding.

At the time of our inspection the service was managed by a registered manager who was supported by a deputy manager and team leaders. Leadership and management tasks and activities had been delegated

appropriately. Team leaders said their particular skills and abilities had been taken into account when this was done. They felt the management team was very effective.

The staff team had opportunities to progress and complete further training, including as well the registered manager. Training schemes such as a support worker development programme, a lead support worker development programme and a manager development programme were in place. One member of staff had undertaken the 'Lead Support Worker development programme'; the manager had attended the provider's six day management development programme, as well as 'coaching', 'performance management', investigation training and a 'CQC workshop'.

There were issues when we inspected with the boiler; it was supplying hot water but not heating. The manager explained that the engineers had been out and they returned on the day of the inspection having fitted the part that was needed to fix the problem. The home was not cold as alternative heating had been put in place. This demonstrated how quickly management responded and adapted when there were difficulties.

The management team were experienced and had received appropriate management training, for example NVQ 5 in management. The registered manager explained they were currently working at the home as well as in a regional role three days a week and that they felt that the deputy was experienced enough to move into the manager's role. This was reinforced by team leaders and other staff. They recognised and praised the registered manager's ability to inspire, motivate, role model and develop the skills of others. Comments from staff included; "(Registered Managers name) works alongside us and supports us in difficult situations", "The service is well managed, staff are matched well with people and the manager listens".

People clearly enjoyed the company of the registered manager and staff and were able to talk to them, or spend time with them, when they wanted. People benefitted from receiving a service that was well organised and managed effectively. A clear management structure was in place. Job descriptions for each role were clear and staff understood their own and others roles and responsibilities. A senior manager regularly visited the service. The registered manager said they were able to contact them whenever they needed to. The provider also had senior staff based at their head office to provide advice on the management of the service including, finance, personnel, quality assurance and involvement of people that used the service. An out of hours system was in place for staff and people to access advice and support if the manager was not present. Staff confirmed they were able to contact support when needed. Experienced care staff were responsible for the service when the manager was not present.

External professionals were very complimentary about the service. Comments included, "Excellent communication from staff, always kept up to date with [name] progress and any issues." Another said "The diligence of manager and staff has been excellent, without this the clients health would have deteriorated." A third was "The home is clean, organised and tidy."

The provider used easy read questionnaires (written with pictures and plain English and with no jargon) to seek feedback from people using the service, and had systems in place to gain feedback from relatives and professionals. Feedback received was collated and analysed. Feedback requiring action was dealt with through care reviews if it related to individuals.

Regular staff meetings were held. Staff said they appreciated and found these meetings helpful. Comments included; "Staff meetings are good, there's obviously business to go through, but priority is always given to the people we support and how we can improve what we do" and, "Staff meetings are a chance for us all to have a say and learn and develop". Talking with staff and observing their interaction with people it was

evident their morale was high.

Scheduled and displayed day and night staff team meetings took place so all could attend; managers attended these, sometimes returning to the service after shift completion in order to do.
Team meetings were used to discuss future plans to improve the lives of people and service quality. A quiz was held each month that included different aspects of care related questions, mapped to CQC's 5 key lines of enquiry. The team also reviewed the previous month's business and ideas or suggestions were gathered and noted.

The service used a comprehensive shift hand over file. This contained rota information, medication administration arrangements (including those trained to give particular medications), named arrangements for fire marshalling, financial controls, appointments for people and a place to record incidents/accidents.

Staffing was organised in a manner that ensured positive outcomes for people. For example, people received two to one support when they needed it to engage in social and leisure activities. One person who received support was being supported to decrease this level of support over time in order to increase their independence, for example going to the village shops on their own.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits carried out in each house operated by the provider by senior staff. Audits completed included medicines management, health and safety, financial audits and care records. A monthly 'manager self-assessment' was also completed. This was based upon CQC's key lines of enquiry and asked if the service was safe, effective, caring, responsive and well-led. These audits were carried out as scheduled and corrective action had been taken when identified. For example the development of a cleaning and disinfections schedule to ensure they were compliant with the Code of Practice on the prevention and control of infection. We saw correspondence to see that the manager had also shared this with other care homes run by the provider. They had compared cleaning products from supermarkets and other hygiene product suppliers and found not only cost benefits but safety. For example, less odour and scent products which affected some people with asthma.

The provider's chief executive carried out regular visits to the service. The registered manager said they spent time talking to people during these visits. The provider told us announced and unannounced visits from senior managers were a regular feature. This included visits from the CEO, Operations Director and Regional Director.

The provider also used "relative checkers" who visit services unannounced and inspected the service from a relative's perspective. The provider had a monthly quality assurance and safeguarding forum, attended by the Executive team and Regional Directors. These were used to identify key information which was then disseminated to the provider's services and the people they supported, using accessible formats to maximise the benefits of inclusive learning.

Accidents, incidents and any complaints received or safeguarding concerns made were followed up to ensure appropriate action had been taken. The manager analysed these to identify any changes required as a result and any emerging trends. When analysing a pattern of incidents of behaviour for certain people, staff used empathy and active listening whilst promoting consideration to others in the home. For example, speaking with people about not playing loud music early in the morning but to play it quieter or use headphones, or staff used distraction techniques. As incidents decreased or lasted less time, new challenges and opportunities for people were encouraged with two to one support outside of the house, for example, local walks around the block then further until the person became confident in the area.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.