

Young Foundations Limited

Mowbray House

Inspection report

High Hope Street
Crook
County Durham
DL15 9JG
Tel: 01388 768579
Website: www.youngfoundations.com

Date of inspection visit: 14 September 2015
Date of publication: 29/10/2015

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	

Overall summary

This inspection took place on 14 September 2014 and was unannounced. This meant the registered provider was not aware we would be inspecting on that day.

The last inspection took place in January 2014 when the registered provider was found to be compliant with the regulations we assessed.

Mowbray House is a large detached house in its own grounds situated in Crook, County Durham. It provides

care for up to five young adults with learning disabilities and primarily those on the autistic spectrum. Some of the young people were unable to use speech as a communication method. Nursing care is not provided.

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. Prior to the inspection we noted the manager had

Summary of findings

applied to become the registered manager. On the day of our inspection the manager received a letter to state their application was successful and they had now been registered with the CQC.

Staff had received training in safeguarding vulnerable adults from abuse and were supported by the registered manager to increase their knowledge.

The registered provider had put in place arrangements for the maintenance of the building to keep people safe.

Individual risk assessments had also been put in place by the registered provider to ensure risks to people were identified and we saw actions had been put in place to mitigate those risks.

We found the accidents and incidents were closely monitored by the registered manager using an electronic system which delivered the information to their mobile phone. These meant the registered manager could monitor any accidents or incidents when off duty, and provide support to staff or people who use the service as required.

The registered provider met the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We observed arrangements were in place to ensure when people needed to be deprived of their liberty to keep them safe this was appropriately carried out and least restrictive practice was promoted.

We found work was in progress to improve the premises including the development of a downstairs accessible ensuite bedroom. In addition a sensory garden and a sensory room had been created.

Staff used appropriate communication aids such as pictures and gestures to communicate effectively and help people in the home to understand and make decisions and choices for themselves.

Staff had received appropriate training to enable them to be able to care for people. They also received regular supervision and an annual appraisal to support their learning needs.

We found there was comprehensive evidence that people were supported to maintain good health through accessing other healthcare professionals such as GPs and specialist health care services.

We saw that positive and enabling approaches were taken by the registered provider to support people with their learning needs.

During our inspection we consistently saw patient and caring interactions between staff and people using the service. We saw people were calm and relaxed in the presence of staff.

We found people's privacy and dignity were respected.

We saw the registered manager had introduced health and well-being documentation based on people's care plans. Staff monitored people's care plans using these documents.

Each person's care file contained a pen picture of the person. We saw the pen pictures matched what staff told us about each person and our observations during the day.

We found there was clear leadership in the home and the registered manager gave people support and direction.

Each month the registered manager completed a comprehensive audit report and submitted the report to the provider. The registered manager when required identified actions to be taken to improve the service and timescales in which the improvements were to be made.

The registered manager had put in place competency tests for staff so they were aware of the staff developmental needs.

We saw the registered manager had carried out an unannounced visit to the home during a weekend and found that the home was working well.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Weekly fire checks were carried out by a designated staff member and fire drills were also carried out. The registered provider had put in place arrangements for the maintenance of the building to keep people safe.

People's medicines were safely administered by staff who had been trained to administer them.

Staff were aware of safeguarding practice requirements and supported by the registered manager to increase their knowledge.

We found the provider had in place robust recruitment procedures and there were sufficient staff on duty to care for people.

Good



Is the service effective?

The service was effective.

The registered provider met the requirements of the Deprivation of Liberty safeguards. We found the provider had assessed people's capacity and submitted application to deprive people of their liberty.

Pictures and signs were used throughout the home to help support and engage people in making choices.

We found work was in progress to further improve the premises and make better use of them to support the people who lived in the home. We saw a sensory garden and sensory room had been developed

Good



Is the service caring?

The service was caring.

We saw that positive and enabling approaches were taken by the home to support people with further learning opportunities.

People's needs were understood by staff. Staff ensured people had access to their own personal possessions and personal space to support them to be calm and relaxed in their environment

We found people's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

The registered manager had engaged the services of the psychologist attached to the service in order to re-assess people's needs and ensure the service was meeting them.

We saw there was a keyworker system in place, people had their own personal key workers who met with them and used picture formats to promote choice.

We saw the registered manager had introduced health and well-being documentation. These consisted of daily checklists which enabled staff to monitor people's progress each day.

Good



Summary of findings

Is the service well-led?

The service was well led.

We found there was clear leadership in the home.

The registered provider had in place a comprehensive quality assessment tool which was used to monitor the quality of the service on a monthly basis.

The registered manager had put in place competency tests for staff so they were aware of the staff developmental needs.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Good



Mowbray House

Detailed findings

Background to this inspection

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

This inspection took place on 14 September 2015 and was unannounced. At the time of our inspection there were four people who were using the service

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We also examined notifications

received by the Care Quality Commission. We also spoke with the local safeguarding team, commissioners and Healthwatch, who help people and their representatives to get the best out of health and social care services in County Durham. No concerns were raised by these organisations.

During the inspection we spoke to three people who used the service, we carried out observations and spoke with five members of staff including the registered manager, the deputy manager, senior carer and care staff. We reviewed two people's care records. Following the inspection we spoke with four relatives.

Before the inspection we did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe. One relative told us they had not. “Experienced any problems” and were “Confident in the staff.” They told us their family member, “Was always positive about the staff.” We observed people throughout our inspection and found staff provided supervision, care support to keep people safe.

We found weekly fire checks were carried out by a designated staff member and fire drills were also carried out. We saw the fire drills were reviewed and people’s needs considered. For example, following a fire drill carried out in March 2015 it was identified that one person needed additional support to evacuate the building. This meant fire drills were used to ensure people would be safe in an emergency situation.

We saw that each person had a personal emergency evacuation plan (PEEP) in place. Each PEEP described the needs of the person, their response to alarm sounding and what actions staff needed to take to escort people from the building. These actions included what a person might take with them to lessen their anxiety. Review dates for each PEEP had been set by the registered manager.

The home had in place an emergency contingency plan which included what actions were required if there was for example a main services failure. There was also contingency planning in place for heat waves, heavy rain, severe gales and heavy snow and icy roads. This meant the service had in place arrangements to ensure the service could continue in adverse conditions.

We found the property was well maintained and actions had been taken which ensured the building was safe. We found testing of the gas and electrical supplies was in date. Portable appliance testing (PAT) had been carried out in February 2015. The service had in place risk assessments for the home. Regular risk assessments were carried out to check if the home was safe including bathrooms, kitchen and lounge areas. We found the home to be clean and well-presented throughout, the registered provider had in place cleaning arrangements to reduce the risk of cross infection. This meant people were prevented from undue risk through poor maintenance and upkeep of the service.

Individual risk assessments were seen and this ensured risks to people were identified and actions had been put in place to mitigate those risks. We found where new risks had been identified the registered provider had responded and put in place clear plans to reduce any ill-effects on people.

We looked at people’s medication and found the Medication Administration Records (MAR) were up to date. All medication was stored in a locked cabinet. Staff had been trained in the management of people’s medicines, one member of staff told us they would not have dreamed of being able to give people their medicines years ago but now felt capable of carrying out this task. The service had in place arrangements for people’s medicines when they went on a visit to their family home. We discussed with the registered manager how people’s topical medicines were recorded. The registered manager reviewed the arrangements and following our inspection sent us the method to be used by the service for recording the application of people’s topical medicines. This meant people’s medicines were safely administered. At the time of our inspection no one in the service had been prescribed a controlled drug or drugs which needed fridge storage.

We looked at the employment records for four people and saw that appropriate checks had been undertaken before staff began working at the home. Staff who worked in the service had completed an application form detailing their previous experience and learning before being interviewed. We found interview notes on file. The registered provider had sought proof of identity, two references for each staff member and carried out a Disclosure and Barring Services (DBS) check before staff began to work in the home. During our inspection the registered manager was carrying out the checks on staff recently appointed to the service. This meant that the registered provider had a robust recruitment and selection procedure in place and carried out all relevant checks when they employed staff.

The registered provider had in place a staff disciplinary policy. The registered manager told us how the policy had recently been used and how they had come to their judgements having gathered evidence and provided people with support. We found the registered manager had written up their disciplinary investigation and had considered their findings and made appropriate recommendations. One relative told us they felt confident

Is the service safe?

the service had dealt with any staffing issues. We also found the registered provider had in place whistleblowing procedures; the registered manager told us they had not received any whistleblowing information from staff.

We looked at the accident and incident records and found these were recorded electronically. Once a staff member had completed the record and sent it electronically the registered manager received a copy on their mobile phone. The registered manager explained to us this then allowed them to make remote decisions if not on duty about what if any actions they needed to take to support both the staff and people using the service. We found the accidents and incidents were closely monitored by the registered manager.

We spoke with the registered manager about the staffing levels in the home. They explained to us the home's requirements based were on people's needs. We checked the staff rota and found there were sufficient staff on duty

to meet people's care needs. On the day of our inspection one person had reported they were on sick leave and the registered manager said this would then mean they would provide direct support to people. The registered manager showed us their recent recruitment programme which they said would add greater flexibility to the staff rota.

We saw the provider had in place a safeguarding policy. We looked at the safeguarding records and saw records of a safeguarding incident which had been reported to CQC. We saw that staff had received training in safeguarding and staff confirmed they had the training. One person told us they would report any concerns to their line manager. The registered manager had checked staff knowledge on the issue and reported back to a team meeting that in a recent test set by them, most staff had missed out the issue of self-neglect. This meant staff were aware of safeguarding practice requirements and supported by the registered manager to increase their knowledge.

Is the service effective?

Our findings

One relative told us they felt, “Satisfied with the service” and felt their family member, “Fitted in well” and was, “Well treated in the home”. One parent who spoke to us told us about their relative’s diagnosed condition. They told us they were, “In regular contact with the service” and felt they were being listened to. The relative was not aware if there was any specific monitoring in place of their relatives condition which would support them to attend medical appointments. We contacted the service after the inspection and found this had already been put in place. Another relative told us they though their family member had, “Settled in well.” We spoke with a professional who told us Mowbray House, “Meets people’s needs” and people living in the home were, “Well cared for.” They also told us they had not experienced any communication difficulties with the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager who had ensured DoLS applications had been submitted for everyone living in the home. All authorisation notifications had been submitted to CQC.

We found the registered provider had in place arrangements for people or their representatives to give consent. One person had a transition plan in place to move into Mowbray House and had made the decision that they wished to move their before the transition period had ended. This meant in effect they had consented to living in the home and their view was accepted by their family. Other people had best interests decisions in place and they had been supported by family members, other professionals and staff during this process. For example, a decision was made that a young person would not cope with a visit to a theme park. Staff and other professionals involved with the person’s care considered given their presenting behaviours they would find the theme park stressful due to the levels of noise and activity. This meant people’s views and behaviours were taken into

consideration and best interest decisions were made on their behalf based on available information at the time. We found the registered manager monitored on a monthly basis people’s participation and decision making.

Pictures and signs were used throughout the home to help support people. We saw people were given choices through the use of pictures. Guidance was given to staff about how to communicate with people. For example, if a person needed to travel staff were advised to show the person the car key and tell them to get their shoes. One young person wanted to communicate with the inspector and asked questions. The registered manager supported the young person to ask the questions and interpreted the answers so the young person could understand the emotions behind the answers. The young person walked away from the conversation in a settled mood. This meant the communication had been managed appropriately.

One member of staff told us about the progress a person had made with them in using a local day centre. We contacted the centre and spoke with the manager who confirmed the person had made progress. This meant the home was able to demonstrate positive impact on a person’s life choices.

We found work was in progress to improve the premises and make better use of them in order to support the people who lived in the home. The registered manager showed us an upstairs bedroom which was smaller than other rooms and told us about the plans to convert this space into an office and the downstairs office was to be converted into an ensuite bedroom. This meant there would be a downstairs accessible bedroom for a person who may not be able to access stairs. The registered manager also showed us a walled garden area which had been turned into a sensory garden. Planting in the garden included herbs for their aroma and bamboo for sound and touch. A water feature had been included. Staff confirmed one person in particular had benefitted from the garden. An outside building had a room which had been converted into a sensory room. The registered manager showed us costings for further improvements to the building.

The home had in place a pictorial menu on the wall in the dining area. This meant people could see at a glance what was for each meal. We observed staff inviting people to join them in the kitchen and prepare the evening meal. One person assisted with the meal preparation. This meant people were given the opportunity to develop

Is the service effective?

independence skills. On the day of our inspection the home received through the post confirmation of the five stars Food Hygiene rating following a recent inspection. We saw people had access to drinks and one person had their own drinking bottle. Staff told us this was because they were concerned about the person's hydration levels. We found this was documented in a care plan with recommendations as to how much the person needed to drink. People's weight was also recorded and there were no concerns about people losing or gaining weight.

The registered provider had in place staff training, although due to the absence of a member of staff who co-ordinated the training, not all of the training was up-to-date. However, the registered manager had carried out knowledge tests to assess staff member's knowledge and during our inspection we observed the staff member now back at work was arranging for their staff training to be updated. Staff confirmed to us they received regular training. We saw on the staff training matrix staff had received essential training in safeguarding, health and safety, infection control, first aid and food hygiene. Staff members showed us the 'Autism level 2' workbooks which they had recently started. This meant staff were receiving training appropriate to their role.

We saw staff received monthly supervision and had in place a contract with their supervisor to agree the timing and content of supervision. One member of staff told us they

felt well supported by their manager and if they had a problem they would go their respective manager first. The content of the supervision meetings including staff member's developmental needs and any concerns they might have had. We also saw staff received an annual appraisal which documented their performance and areas for development.

We spoke with members of staff about notifications we had received where people had displayed challenging behaviours within the service. The staff confirmed the content of the notifications and the actions they had been required to take. One of these notifications was about a young person who needed to be contained for a period of time with their room. The staff described the behaviours which had challenged them and what actions they had taken to keep the person safe before they could move into alternative accommodation. One member of staff told us this had been a difficult time but they had worked together as a team to support the person to make a successful transition. We saw a professional linked with the person had sent a note of appreciation to the staff. This meant the staff had been effective in supporting a person through a difficult period.

We found there was comprehensive evidence that people were supported to maintain health through accessing other healthcare professionals such as GPs and specialist health care services.

Is the service caring?

Our findings

A relative told us staff were always patient when they arrived to collect their family member from a home visit. They said, “[person] is never ready and they have to wait for [person] but they just wait.” Another relative told us about getting information from the service and how they had felt, “Welcomed in the home.” One person told us about their keyworker on entering the building and spoke in a positive voice about them. We found the person was also comfortable in the presence of all the staff on duty.

Relatives we spoke with confirmed they had received information about the home. We saw the home had in place a service user guide which was written in plain English and included pictures to support people’s learning needs. During our inspection staff also provided information and explanations to people about what was happening for example some of the group chose to go out shopping

We saw that positive and enabling approaches were taken by the home to support people with learning needs. For example, we saw people who used the service enter the kitchen to either make a drink or to get something from the fridge. Staff supported and encouraged people to be independent irrespective of their learning needs. This meant people using the service were engaged and part of the respectful culture.

People’s privacy and dignity were also respected. We observed staff knock on people’s bedroom doors and the registered manager checked with a member of staff if it was acceptable for us to visit a person in their bedroom. One person was sleeping late and we observed staff speak to each other about the person getting ready at their own pace before they could join the group. Another person was supervised by staff from a distance where the person would not feel the presence of staff watching them.

The service had an advocacy policy in place. At the time of our inspection no one had an active advocate in place. However, staff spoke with us about their role as an advocate in particular where people did not have a care manager in place. We found staff also listened to family members and responded to them as natural advocates, for example parents had spoken to the registered manager about the need for continuity of care.

In the quality assessment tool the manager had checked to see if the service was meeting people’s religious and cultural needs. Staff were aware of people’s food preferences associated with their family beliefs and this was reflected in the daily food menus.

Staff supported people to be involved during the inspection and acted as a conduit between the person and the inspector. In one discussion the staff member was observed lightly holding the person’s hand whilst they were communicating with us. This provided reassurance to the person who was supported by the member of staff in their responses to us. This meant the staff member knew what to do to support the person.

During our inspection we consistently saw patient and caring interactions between staff and people using the service and people behaved in a relaxed manner in the presence of staff. Staff ensured people had access to their own personal possessions to support them to be calm. This meant that that people’s needs were understood by staff. We also witnessed staff observing people and showing patience and empathy when supporting people who were experiencing anxiety or distress.

One person told us they were now an adult and were able to make their own decisions. During our inspection staff were engaging the person to look at their likes and dislikes and what they wanted to do each day. We found they were treating the person with respect and listening to them.

We saw in people’s care plans that choice was a key element of the service. For example, it was written in one person’s care plan, ‘I will pick my clothing out of the drawer but staff to make sure if it is weather appropriate. This meant the person was given a choice but staff ensured they were also cared for.

We found the way the key worker system enabled people using the service to be partners in their own care planning. We saw staff had held one-to-one sessions with one person and together they had created detailed daily routines for all staff to follow. Another person worked through their structured day plan and made choices about what they wanted to do. Staff were able to describe to us people’s likes and dislikes and knew people well. This meant people were fully involved about their care and treatment and how they wanted to be supported.

The registered manager spoke to us about the relationships between people in the home and how these

Is the service caring?

were monitored. They demonstrated they were aware of the home dynamics and described how a recent admission had been carefully planned through a phased transition and introduction of a new person that had led to a positive effect on others living in the home

We saw in a recent team meeting a discussion led by the registered manager had taken place about creating a

seamless service to people who used this service. This meant staff did not draw attention to people going off duty and create additional awareness to people who used the service that changes were afoot. In trying to create this seamless service people were less likely to become agitated and their well-being was promoted.

Is the service responsive?

Our findings

One person told us they liked being at Mowbray House, they liked their room and the food. They told us were however disappointed that on the day of our inspection they had been out with staff and told us they had. "Got back late and missed Countdown". They explained this was one of their favourite television programmes. Staff immediately checked to see if the programme could be recorded or they had access to catch up TV and promised they would change their arrangements to be back in time again in the future. A relative told us they had. "No complaints so far" and another relative told us they. "Had no need to make a complaint."

The registered manager told us that since coming into post they had asked the psychologist who worked for the organisation attached to the service to carry out an assessment of people's needs. We saw this work had commenced. The registered manager explained this was to ensure the service was responsive to people's psychological and emotional needs.

We found the service had person centred plans in place. Each person's care file was split into sections. Some of the sections were entitled, 'All about me', 'How I communicate and make decisions', 'How to keep me safe' and 'How to support me successfully'. This approach to care planning supported person centred care. We saw people had detailed care plans in places with their morning routines written in sequential order. Reminders were provided to staff on how to address any presenting behaviours as well as being given guidance on for example people's favourite drinking mugs and when they needed prompting to carry out tasks. We found the support plans contained triggers to people's behaviour changes and had an emphasis on maintaining a calm environment to maintain people's security. The plans were reviewed monthly.

Each file contained a pen picture of the person. We saw the pen pictures matched what staff were telling us about each person and our observations during the day. People's good days and bad days were described for staff. On a good day one person liked to go out for a walk or visit the sensory room; their bad day was to stay in the house all day.

Each person also had a health file where all aspects of each person's health care needs were documented. The health

files contained up to date information about people health needs. These included information on people's dental check-ups, skin integrity and eating and drinking requirements.

We saw that people were involved in a range of activities including going to day centre, helping at a local freezer shop and visiting family members. During our inspection people went food shopping, spent time in the garden and did some meal preparation.

We saw the registered manager had introduced health and well-being documentation. These consisted of daily checklists which invited staff to comment on people each day. People's health and well-being checklists were drawn up following their identified needs in their care plans. This meant staff were guided to monitor people's care plans. The introduction of these plans had been discussed at a team meeting and staff had agreed to use them. The manager felt that the documentation allowed the service to monitor people more closely and the resultant information allowed them to identify behaviour patterns over time and review people's care needs.

We saw more formal care reviews were carried out by local commissioners to which family and staff members attended and made contributions.

One person had a particular focus on some household items. Staff explained how this had impacted on them and plans to meet their needs had an adverse impact on them. For example, if they carried out a focussed activity with them on the items at a later part of the day they found the person's thoughts about the activity permeated their whole day. They changed the focused activity to an early part of the morning which reduced the person's stress levels.

We looked at people's preferred activities and found staff supported people to carry out activities of their choosing. One person liked to look at books and had an array of books available to them. Another person liked to go swimming and arrangements had been put in place for them to attend a hydrotherapy pool. This meant people were treated as individuals and their needs were met in a person centre way.

One person asked a staff member's permission to talk to us. The member of staff immediately told the person they could say what they wanted. They described to us a mix up concerning their family contact arrangements and told us the staff had not allowed them to contact home. We saw

Is the service responsive?

the service had immediately responded to the situation and the contact arrangements had been correctly documented. In our presence the staff explained to the person they were right and why they had taken such action. This meant the service listened to people's concerns and acted on them.

We found one person had recently moved into the service and a transition plan had been put in place, the person opted to move into the home sooner than expected. The service had also put in place transition plans for if people needed to go into hospital and had used the framework for such plans as prescribed by the National Autistic Society (NAS).

We found in people's files a monthly report which was sent to people's relatives to explain what they had been doing during the month. Relatives confirmed to us they received these reports and found them useful. This meant that the service was open and transparent with open lines of communication with people's representatives.

We saw the registered provider had a complaints policy in place. There were no complaints recorded since our last inspection. At the back of the service user guide a pictorial complaints process was included. We spoke to relatives of people who used the service, they told us they would contact the manager if they had a complaint but had not yet felt the need to complain.

Is the service well-led?

Our findings

On the day of our inspection the manager received confirmation from CQC that their application to become the registered manager had been successful. We also found the home had made the appropriate notifications to CQC which meant the provider was meeting their registration requirements.

Relatives told us they had concerns as the service only accommodated young people up until their 26th birthday. They told us they had spoken to the registered manager about this and were concerned about the changes their relatives would have to make when moving on. The registered manager told us about the relatives concerns and said they had spoken to the registered provider of the service who had responded positively to creating a home for life for the people who used the service. We saw the registered manager when submitting their application to the CQC had updated the home's Statement of Purpose with no upper age limit.

Following on from the change to the Statement of Purpose the registered manager in a staff meeting had discussed terminology. It was recorded in the minutes, 'It is evident that the staff team in general use the term young people this has been a historical term used as residents came to Mowbray House as young people or young adults, [registered manager] discussed the need to treat residents as adult men, and thus try and cease the use of YP when descriptions of residents is needed.' This meant the registered manager was questioning the current practice and trying to encourage staff to adapt to the changes in the home.

We saw the service user guide described the vision – 'Mowbray House wishes to offer support that is person centred to what you would like. We aim to support you towards living as independent a life as possible; providing you with stability whilst supporting you to achieve your ambitions'. We found there was person centre planning in place and people were supported to be independent. We also found staff behaviours supported people's stability in the home. This meant Mowbray House had arrangements in place to fulfil its vision.

We found there was clear leadership in the home. The registered manager had introduced information from the National Autistic Society on 'Setting the tone' of the home

during the senior staff meeting and gave direction to staff to complete "autism passport". The senior staff were to complete and then laminate and place in resident's file/ feedback to staff when done. We saw on people's files this action had been carried out.

The registered provider had in place a comprehensive quality assessment tool which was used to monitor the quality of the service on a monthly basis. The tool was divided into eight areas - Care and wellbeing, Communication, Participation and Decision Making, Health and Safety Environment, Medication Management, Safeguarding, Staffing and Quality Management. The registered manager was asked by the provider, to rate the service and provide evidence which supported their rating. For example, under care and wellbeing the registered manager had written 'Updated last month to contain journey information'. At the back of each section of the audit tool the registered manager was expected to rate the seriousness of action which then correlated with a timespan by which the action should have been completed. We saw the registered manager had carried out these audits, provided evidence to support the audit and listed actions with timescales to be carried out.

We found there was an ethos of partnership working both internally and externally. For example, the registered manager had sought support from professionals working in the organisation including senior managers and a psychologist. Externally we found evidence of partnership working with family members and other local professionals for example care managers, GP's and dentists.

We saw the registered provider had use quality surveys. However, since coming into post relatives confirmed to us the registered manager since coming into post had spoken to them and sought their views about the service provided. The registered manager explained that this was to get a view of the service, and what improvements if any needed to be made quickly. This meant relatives had been invited to influence improvements to the service.

The registered manager explained that as a new manager coming into the service they were not aware of staff competencies and therefore had asked staff to undertake competency tests. We saw the registered manager had set the staff a range of questions under such headings as safeguarding, record keeping, accidents and incidents, mental capacity equality and diversity, CQC COSH, staff sickness. The registered manager explained these could be

Is the service well-led?

used in appraisals to identify people's developmental needs. Staff confirmed they had completed the tests and we saw the registered manager had read them and provided feedback. This meant the registered manager had an understanding of the performance of each member of staff.

The registered manager had recently updated all the policies and procedures in line with those of the registered provider. We saw staff were expected to sign each of the policies to say they had read them. The manager had delegated the task to a staff member to take the policies to team meetings and describe their content and to promote discussion. This meant staff were given additional opportunities to discuss and learn about the policies.

The registered manager sent a monthly report to the registered provider, which looked at the costs of the

service, occupancy rates, and accidents and incidents. This meant the registered manager had oversight of the home and the registered provider monitored the service provision.

We saw the registered manager carried out an unannounced visit to the home during a weekend and recorded their findings, for example the registered manager had looked at people's medicines, petty cash, daily documentations and the activities of the service users. The registered manager found the home was working well at the weekend.

The registered manager had reviewed people's finances and had requested one person's finances to be controlled by their local authority. They explained to us this was intended to create openness and transparency in the service.