The You Trust

Room 29

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 23 January and was announced. The inspection continued on 24 January 2018 and was again announced.

Room 29 provides personal care to adults with a learning disability, physical disabilities, mental health needs or sensory impairment. At the time of the inspection the service was delivering personal care to 12 people.

This service provides care and support to people living in 1 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service also provides personal care to people living in their own houses and flats in the community.

Not everyone using Room 29 receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. 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.

Regular supervisions were not recorded. Staff told us that they felt supported and used protected office time to share any issues or seek further support from managers. We were told that supervisions would be formerly recorded and regularly take place.

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working with people.

People's needs were assessed and reflected choices and preferences which in turn ensured that people were supported to achieve outcomes. The service had worked closely with people to ensure that additional specific personalised goals were set.

People's independence was promoted through the effective use of equipment and technology. This enabled people to access areas of their home, community and complete personal care tasks independently.

People were supported by staff who received regular training specific to their needs. Staff told us that they felt supported and able to fulfil their roles.

Personalised care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included outcomes and guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training. People were provided with information about how to keep safe and told us staff explained risks to them.

Effective positive behaviour support plans had been completed and were up to date. These gave staff clear guidance on how best to support people which had led to positive outcomes.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. People being supported by the service all had capacity and consent had been sought by the service to deliver care and treatment.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. In addition people were assessed and supported to manage their own medicines where appropriate. There was an infection control policy in place and regular cleaning took place in locations to prevent and control the risk of infection.

People were supported with shopping, cooking and preparation of meals in their home. The training record showed that staff had attended food hygiene training.

People told us that staff were caring. During home visits we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to people and noted that they contained mainly positive feedback.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People, relatives and staff felt that the service was well led. The management team encouraged an open working environment. People and staff alike were valued and worked within an organisation which ensured a positive culture was well established and inclusive. The management had good relationships with people and delivered support hours to them.

The service was aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person

at risk of harm. They also understood their reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring visits and audits were completed by the management team. These audits covered areas such as environment, medicines, paperwork and practice. Actions were identified and recorded as complete once achieved.

The service worked effectively in partnership with key organisations including, local authority, safeguarding and commissioners.

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. There were sufficient staff available to meet people's assessed care and support hours. Staff were recruited safely.

People were supported by staff who had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were protected from harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

People were protected by the prevention and management of infection control. Policies, equipment and schedules were in place.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good

The service was effective. People's needs and choices were assessed to achieve outcomes and goals set.

Regular supervisions were not always recorded however, staff felt supported with protected time to spend in the office with managers.

The service worked effectively across organisations during transition and admission to assess and meet expectations.

Technology and equipment was used to enhance and promote people's independence.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Consent to care

and treatment was sought.

Staff received training to give them the skills and support to carry out their roles and meet people's assessed needs.

Staff supported people to maintain and understand healthy balanced diets. Dietary needs were assessed where appropriate.

People were supported to access health care services and local learning disability teams.

Is the service caring?

Good

The service was caring. People were supported by staff that spent time with and treated them with kindness and compassion.

People were supported by staff that used person centred approaches to deliver the care and support they provide.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care file's, guidelines and risk assessments were in place and in process of being reviewed.

People were supported by staff that recognised, responded to and understood their changing needs.

People were supported to access the community and take part in activities which were linked with their own interests and hobbies.

Information was provided to people in a variety of formats in line with the Accessible Information Standard.

A complaints procedure was in place which included an accessible easy read version. People and relatives were aware of the complaints procedure and felt able to raise concerns with staff.

End of life care processes would be put in place as required to meet people's preferences, beliefs and choices.

Is the service well-led?

Good

The service was well led. The management all promoted and encouraged an open working environment by including people and recognising staff achievement.

The management were flexible and delivered support hours as and when necessary.

Regular quality audits and drop in observations were carried out to make sure the service was safe and delivered high quality care and support to people.

The management team were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour and demonstrated an open, honest approach.

People, staff and relatives felt involved in developing the service.

The service worked in partnership with other agencies in ways which benefitted people using the service.

Room 29

Detailed findings

Background to this inspection

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

Inspection site visit activity started on 23 January and ended on 24 January 2018. It included visits to one house, two flats and the central office. We visited the office location on the morning of 23 and all day on 24 January to see the manager and office staff; and to review care records, policies and procedures.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The provider was given 48 hours' notice. This was so that we could be sure the manager or senior person in charge was available when we visited and that consent could be sought from people to a home visit from the inspector. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also contact local commissioners who had experience of the service.

We had received a Provider Information Return (PIR) from the service. 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 spoke with five people who used the service and five staff. We had telephone conversations with three relatives.

We spoke with the registered manager and a team manager. We reviewed five people's care files, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2018 satisfaction survey results. We looked at four staff files, the recruitment process, complaints, training, supervision and appraisal records.

We visited one supported living location and observed care being delivered to people.

We asked the team manager to send us information after the visit. This included policies and the staff training record. The house agreed to submit this by Thursday 25 January 2018 and did so.

Good

Is the service safe?

Our findings

Room 29 had regular systems in place to ensure proper and safe use of medicines. Audits and stock checks were completed. Medicines were stored securely and keys to were held by authorised staff. Medicines were only administered by trained staff who had been assessed as competent. We reviewed two medicine administration records (MAR). People's medicines were signed as given and absent from the medicine packages indicating that they had been administered. We found that records were legible and complete.

People were encouraged and supported to manage their own medicines. One person told us, "I take my own medicines. I now have medicines which reduce my anxieties. They really help me". Another person said, "I manage my own medicine. This is important to me. Staff do check". We saw that people had medicine assessments in their care files which were due for review. The registered manager told us these would be reviewed by the end of January 2018.

At the time of the inspection no one was receiving covert medicines. There was a clear comprehensive medicines policy in place which highlighted the requirement for discussion and best interest meeting with family, pharmacy and the importance of clear instructions for administration and review. This was in line with guidance and the Mental Capacity Act 2005.

The service had a safeguarding policy in place which included an easy read version for people who used the service. These detailed definitions, preventative measures, the investigation process, key contacts and record keeping. Safeguarding alerts were recorded and actions from outcomes were completed. Advocate services were available to people and learning was shared in staff and management meetings. People were protected from discrimination and their equality and human rights were respected. Information was provided to people to support them to understand what keeping safe meant.

Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Money discrepancies, bruising, marks or behaviour changes. I would report concerns to the manager, police, CQC or safeguarding team. I have read the policy. I have no concerns". A relative told us, "I have no safeguarding concerns. My loved one is very safe".

People, relatives and staff told us that they felt the service was safe. A person told us, "I feel safe with staff. I have known them for a long time. I trust them". A relative said, "My loved one is safe in their (staff) hands". A staff member told us, "The service is safe. Equipment is serviced and checked, support plans have clear guidance, there are policies and information is all available to me online too". The team manager said, "I believe the service is safe. People are happy. There are no constant safeguards or incidents. I would recommend the service to my family. Packages of care really are safe".

People's care files were up to date, identified people's individual risks and detailed steps staff needed to follow to ensure risks were managed and people were kept safe. Risks included; epilepsy, choking and falling. Staff were able to tell us what risks were associated to which people and where to find people's

individual risk assessments. A person said, "Staff help me understand risks like road safety and strangers". This demonstrated that the service ensured safety systems were in place to minimise and manage risks to people.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour (ABC) charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed. Room 29 told us that they had good working relations with the local learning disability teams and came together with them, the person and family in response to new trends occurring and/or to set a review. The support people had received by staff had had a positive impact on their lives and had meant that they could access the community more with support from staff who had a clear understanding of active and proactive strategies to support them safely.

Each location had an emergency contingency plan in place which were reviewed annually. These plans were used in situations such as fire, gas leaks, floods, failure of utilities and break ins. They reflected contact numbers and clear guidelines for staff to follow in order to keep people safe and ensure appropriate actions were taken and recorded. There was also a business continuity plan in place which covered situations such as multiple staff sickness, computer system failure and adverse weather. In addition to these the service operated an on call system. There was a clear procedure in place. The on call person would be the first point of contact for staff in events such as safeguarding concerns, incident / accidents, missing persons and medicine errors.

We were told that all support hours were covered and that vacant shifts were covered by staff taking on additional hours or bank staff and on occasion's agency. A manager told us that they requested the same agency staff wherever possible to maintain consistency. A staff member told us, "I feel there are generally enough staff to deliver support hours". Another staff member said, "We have enough staff. It can be tricky to cover annual leave and sickness but we do". A person told us, "I think there are enough staff. They are always on time". A relative said, "There are enough staff and (name's) support hours are delivered".

The service used a dependency tool to calculate the number of staff required to support people using the service. The registered manager said, "If people's needs change we re-assess needs and request more hours". We read how the service had recently done this with a person's package of care. The team manager told us, "I feel we have enough staff to deliver hours. We always make sure we have enough staff to deliver support hours before taking on new contracts".

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working with people. Checks included references, identification, employment history and criminal records checks with the Disclosure and Baring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where gaps in employment history were apparent on the member of staff's application form, these gaps were explored and documented as part of the recruitment process.

People were protected by the prevention and control of infection by staff who had received training and wore personal protective equipment (PPE). Staff had received food hygiene training and correct procedures were followed where food was prepared and stored. For example, open foods were covered and labelled appropriately. People's homes which we visited were clean, odour free and appeared to be in a reasonable state of repair. All flats were owned by a housing association which we were told were responsive to

maintenance and servicing requests.

Staff understood their responsibilities to raise and report concerns, incidents and near misses. In these events staff contacted on call and completed incident reports which were submitted to the organisational health and safety team. The team manager told us, "We review all incidents and see what happened, what lessons can be learnt and how risks of re occurrence can be reduced". We saw that the health and safety team reviewed and analysed incidents and where any trends or patterns were identified they would go back to the management team and request an action plan. A staff member told us, "I understand my responsibilities regarding incident and safeguarding reporting. We have procedures in place for incidents, safeguard concerns and near misses. We submit and file reports and inform managers".

The service was open to continuous learning and improvement to ensure sustainability. The team manager told us, "We learn from mistakes. We reflect on things that go wrong, step back and learn from these". We were given an example of when the service had identified a trend of medicine errors. In response the management reviewed systems being used and provided additional support to staff. As a result there had been no medicine errors since the new systems were introduced.

Good

Is the service effective?

Our findings

Regular staff supervisions did not always take place. We read that the local policy stated that supervisions should take place 6 weekly. The team manager told us, "I complete supervisions as and when staff request them and as often as we can arrange them. I see staff regularly and although I don't record meetings formerly these are an opportunity to share concerns and offer support". A staff member said, "I haven't had a formal supervision for ages but I often come to the office. We all have protected office time. We can always use this time to discuss issues with managers". The registered manager told us that there wasn't a formal system to log, arrange and have overview on the number of supervisions staff had had. We were told that the old system was stopped following management changes. The registered and team manager told us that a spreadsheet would be put in place and supervisions would become regular and monitored as a priority.

Room 29 assessed people's needs and choices to ensure that people were supported to achieve effective positive outcomes. Promoting independence and goals linked to learning daily living skills were part people's plans. The service had worked closely with people to ensure that specific personalised goals were set in addition to these. For example, one person had set a goal to lose weight. The person said, "I have been doing menu planning with staff. They suggest healthy meals. I have lost weight, I'm very pleased". Another example was of a person who wanted to find a new activity. The person enjoyed art and was supported by staff to find an art group. The person attended every week with support. The team manager said, "(Name) painted a canvas over a few sessions and this recently sold for around £100. Prior to attending this session their moods were quite low. They are now in a good place mentally and emotionally".

People were supported to maintain good health and have access to healthcare services. A person said, "Staff support me to appointments. I am seeing my psychiatrist tomorrow". Another person told us, "I have a district nurse who comes in and looks after my legs". The registered manager told us that they had a good relationship with the local learning disability team. We found that health visits were recorded in people's care files and noted that recent appointments included; dentists, chiropodists, district nurses and GP's. People had hospital and health passports which were shared with professionals during appointments and hospital admissions. These detailed people, preferences, medicines, communication needs and allergies.

The registered manager told us that as part of people's referral assessments assistive technology was discussed and where necessary arranged. For example the use of flashing door bells had been arranged for some people with sensory loss, bed sensors for people with epilepsy and floor sensors for those who were at risk of falls. In addition to these, the service was trialling a smart phone app with a people with autism who chose to use it. The app had been developed to support people with autism to be safe whilst on their own in the community. It gave reassurance and advice on things to do if they were faced with difficult situations. For example in a crowded space, move to a quieter area. Being picked on, ignoring what was being said, listen to personal music or remove themselves from the situation.

People were supported in the recruitment of staff. Depending on their ability and choice people either met new staff in their homes or would sit on interview panels and participate in asking questions to potential new staff. The registered and team managers told us that this worked well and that people enjoyed it.

People were supported by staff that were knowledgeable about their needs and had the skills to support them. A person told us, "Staff understand my needs, they support me how I want to be supported". Newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the induction staff shadowed more experienced staff and did not work alone until the management were confident they had the right skills to carry out their role. A staff member who was new to care told us, "I have had a good induction. I spent two weeks completing e-learning, reading policies and meeting people. I did one week of shadow working. I found this very useful to get to know people before working with them. I defiantly feel I have been given good support and knowledge to do the job". The registered manager told us, "The staff are really skilled and passionate about their jobs".

There was a strong emphasis within the organisation on training. All staff undertook a comprehensive training programme. Records showed staff received regular training in core topics which included safeguarding, medicine awareness, first aid, infection control, moving and assisting, food hygiene. In addition to core training, staff received specific training in relation to the needs of the people they were working with. This included learning disability, autism, mental health and epilepsy. A person said, "Staff are skilled in what they do". A relative told us, "Staff come across skilled and experienced. My loved one has epileptic needs and the service support them with this safely".

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 who were able told us they were involved in their care, attended regular reviews and had access to their records. We checked whether the service was working within the principles of the MCA.

The registered manager told us that everyone currently being supported by the service had full capacity. We found that consent to care and treatment had been obtained by people and that support plans had been signed. A person said, "I have signed my support plan and staff always ask for my consent". Another person told us, "I have been asked for consent to my care. I have signed my plan". Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. For instance, by supporting people to maintain a balanced healthy diet.

People receiving personal care were supported with shopping, cooking and preparation of meals in their homes. The training record showed that all staff had completed food hygiene training. One person told us, "I enjoy the food, I can choose my meals". We reviewed one locations menu plan and saw that it was balanced with a variety of nutritious options. We observed a person being supported to cook a meal for their housemates and staff.

People's dietary needs were assessed and where appropriate plans put in place. For example some people were at risk of choking. We found that healthy eating guidance was available to people and staff to develop their understanding. The service also worked with the local learning disability team and speech and language (SALT) teams to create and provide information in relation to safe swallow plans. These gave people and staff information about food types, consistency and seating positions. A staff member said, "We support people with healthy diets and cooking. One staff member does a workshop for people and staff on healthy eating and diets. We support people to make their own meals. We follow professional guidelines

and build menus with people and shopping lists".

At the time of our inspection no one had any cultural, religious or ethical needs around food choices. The registered manager told us that if people did then their preferences would be respected and that their individual plans would clearly identify these.

Management and staff worked effectively across organisations to deliver effective care and support to people. People were involved in the planning and coordinating of both admission and move on. Information was obtained, shared and meetings with people, families and professionals took place where appropriate. We found that referral assessments identified initial needs and were able to support the managers to determine if Room 29 could provide the person with a service that could meet their needs and had staff that had the required skills. Key questions in the assessment included; what I like, support needs I have, what I would like to learn, what is a good day, what is a bad day and what are my hopes and dreams. These then formed the foundation of people's support plans. We read an assessment that had been recently completed and found that the person had said that they wanted to learn cooking at college, catch the bus independently and that a dream was to swim with dolphins. The registered manager said, "We would work with the person to set these as goals and support them to achieve them".

Good

Is the service caring?

Our findings

There was a strong, visible, person centred cultured established across Room 29. Staff and management spoke about people in an affectionate way with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in the presence of staff and it was apparent that staff knew people well. During home visits we observed a lot of smiles, laughter and affection between people and the staff supporting them. One person said, "Staff are very kind and caring. They understand me and my needs". Another person told us, "Staff are both caring and kind. They show understanding and empathy".

Family members spoke highly about the kindness staff showed people who used the service. One relative said, "Staff are very caring and kind. They show compassion and patience with my loved one. Staff have established good relationships with (name). I can only praise Room 29 staff; they go out of their way to provide good care". Another relative told us, "Staff are caring. If (name) requires emotional support they feel able to talk to them (staff)".

A staff member said, "I'm caring and kind, that's why I wanted to do this job. I'm patient, relaxed and never push people into doing things. I'm always happy to help. My colleagues are just as caring". Another staff member said, ""I'm a caring and kind person. I'm a good listener and proactive. I look at how I can improve people's quality of life. I'm not here to just get paid; I'm here to make a difference".

Staff promoted and supported people to make choices and decisions about their care and support. We observed people being asked choices. Staff told us that they provided information to enable people to make informed decisions. A person told us, "They (staff) help me make choices in different ways. They show me things and explain them". Another person said, "Staff let me make my own choices and decisions. I will ask if I am unsure of anything". A staff member told us, "I advise people with decision making. I document people's decisions and give them information". Another staff member said, "I ask people what they would like to do. I give people options to make their own decisions". Information, procedures and advice was made available to people in different formats to meet their individual needs. This included easy read pictorial information. Advocacy information was made available to people however at the time of our inspection we were informed that no one used these services. A staff member said, "We support people to have a fulfilling life. People can access advocacy services too".

People's privacy and dignity was respected by staff. Staff we observed during home visits were polite and treated people in a dignified manner throughout the course of our visits. We asked staff how they respected people's privacy and dignity. One staff member said, "I don't talk about work outside of work. I make sure doors are closed and always knock. Information is kept secure and we are all required to regularly change our computer passwords". Another staff member mentioned that they always ask people for permission, respect their abilities and promote these. A relative said, "(name) is treated with dignity and respect". Independence was promoted. A staff member told us, "I empower people to maintain their independence by remembering to work alongside people and not doing things for them"

Families and friends were able to visit and call at whatever times they wished. People were supported to spend time with family outside of their homes. Staff had a good knowledge of family and friends that were important to people. A person said, "Mum visits me here".

The service had a few recorded compliments on file, one read; "He (person) was full of praise for you (staff)". Another read, "Long may You Trust Room 29 support (name)".

Good

Is the service responsive?

Our findings

Multi-disciplinary meetings took place annually and involved local authority social workers, people, families if they wished to invite them, care staff and other professionals where appropriate. From these meetings support plans were reviewed. In addition to these the registered manager told us that people have six monthly reviews of their plans with staff. We found that the majority of people's reviews were due at the end of January 2018. We read one person's review which had taken place on 2 January 2018. Review questions included what was going well, what was not going so well, what the person still wanted to achieve and what needed to happen next. We noted that the person had said that living independently was working well with support from staff. The person had written 'if I refuse support I sometimes don't keep on top of housework, this doesn't go so well. I need to continue to let staff into my home and keep it tidy'. A family member told us, "We have review meetings once a year with the managers and local authority. Information is shared. Ours and (names) views are listened to by all". A person said, "My support plan is in my folder. I do this with staff".

Room 29 was responsive to people and their changing needs. A relative said, "Problems and changes are communicated and plans updated". Throughout the inspection we observed a very positive and inclusive culture at service. Promoting independence, involving people and using creative person centred approaches was embedded and normal practice for staff. A staff member told us, "Person centred care is all about people making their own choices and their care being tailored around them". A person said, "I was poorly before Christmas, staff supported me to the GP, I was given some new medicine which helped a lot".

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. A relative said, "Staff follow guidance to keep my loved one safe, for example their epilepsy guidance". The care files included person centred care plans with pen profiles of people, recorded important people involved in their care, outcomes, how to support them, people's likes and dislikes and medical conditions. Care files identified people's individual abilities in achieving set goals and areas they required support in. These areas then had clear instructions for staff to follow. For example, one person's goal was to manage as much personal care as possible. Their abilities included dressing and undressing, using the shower and brushing their hair. They required support with washing their hair, applying cream and changing towels.

The provider had an equality and diversity policy in place and the training record confirmed that staff had received training in this. People's equality, diversity and human rights (EDHR) were respected and reflected in their support plans. A person told us, "I go to church every Sunday and staff support me there. This is important to me and staff respect this".

People were supported to access the local community and participate in activities that interested them. People had flexible timetables which reflected chosen activities, hobbies and interests. One person told us, "I like to go to town, buy music, go on day trips and holidays. Staff support me with these". They went onto tell us, "I can choose what I want to do each week. I arrange it with staff". Another person said, "Staff support me in the community. I need them to". People were also supported to attend day centres. One person said, "I go to link club twice a week. I do activities and go on day trips". Another person said, "I have been to day

centre today". A relative said, "They (staff) meet (names) social needs. There are regular activities both individual and group ones". A staff member told us, "People have time tables where things are set, these can be changed and people are involved in setting them. They are regularly reviewed as well".

People were supported to college and work opportunities. The registered manager told us that one person volunteered to do admin work in the office. We met this person on day one of the inspection. The person said, "I work in the office doing admin stuff like shredding. I always feel welcome. I can come to the office when I like". We were told about the person also having a weekend job at the local pub. They told us that they enjoyed this and collected glasses.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We found that information was available in easy read formats which included photos with supporting text. The registered manager told us that they are currently not supporting any British Sign Language (BSL) at the moment but would provide information in this format should they need to. People had clear communication passports in place which captured the persons preferred methods of communication and how best to communicate with them. These were shared with health professionals during hospital admissions and appointments and other services during transition with consent from people and or relatives.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There was a comprehensive complaints policy in place for staff and a visual easy read version for people. Both versions had contact details of both internal and external agencies including the local authority, CQC and the ombudsman. People we spoke to told us that they would feel able to raise complaints with staff or the management. A person told us, "I'm happy, if I wasn't I'd talk to my staff". Another person said, "I would go to the team manager if I had a complaint. I have complained before, this got dealt with". A relative told us, "If there is a problem they (the service) manage it. I am mostly kept informed". The management told us they see complaints as a good thing. They said, "We would rather know if something wasn't going well. I'm always open to feedback". Complaints on file had been managed in line with local policy and procedures and there were no open complaints at the time of the inspection.

The service sent satisfaction questionnaires to people every quarter as part of the local authority contract conditions. The registered manager said that people could easily get overwhelmed if they continually received questionnaires to complete. They told us that they sent a number to a sample amount of people each quarter and do this on a cycle. We read completed questionnaires and reviewed the analysis report for those submitted in quarter two June – September 2017. 99% of people who had completed the questionnaire were happy with the support they received. We found that one person had said they weren't happy with their support because it hadn't been delivered as agreed. The registered manager said they had had a conversation with the person and relative and that a new package of care and staff had been arranged. This told us that the service followed up on comments and feedback received. We noted that positive comments included; "Staff are always nice". "We have been asked a lot about what we would like in the care plan". "They (staff) make sure I look after myself".

The service had not supported anyone with end of life care however told us they would make sure that preferences and choices were reflected in plans and that family and friends were involved in planning and decisions should they support people in the future. The registered manager told us that people's culture and beliefs would always be respected and form part of these plans.

Good

Is the service well-led?

Our findings

Room 29 had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a set of values which included; to have a can do approach at all times, be person centred in that we do and to provide excellent people and learning services and look for ways to continually improve. Staff were aware of these and demonstrated them in observations we made and conversations we had with them. For example, a staff member said, "People are our priority and always in the centre of their care". We observed a person being supported to transfer from their wheel chair to their reclining chair. Staff provided the person with reassurance and advice using a positive approach and promoting their independence.

The recruitment process was open and equal to all. The registered manager told us that they would and have in other services, made adaptations for staff in relation to cultural beliefs. For example, uniforms, flexible shifts to allow for prayer times, food and holidays. Other adaptations might include staff who are pregnant or have a disability. Room 29 encouraged an open culture and we were told by staff that they were aware of the whistleblowing policy and encouraged to raise concerns and supported if and when they did.

The management promoted open and empowering practice which delivered positive outcomes for people and staff. The team manager told us, "I keep my feet on the ground; I act on issues and like to be proactive. I am approachable, firm but fair. As a management team we all have our own strengths. We use these to learn from each other". A staff member told us, "The registered manager is amazing, I can't fault them. They are flexible; provide constructive feedback as well as positive. They are respectful and approachable". They went onto say, "The registered manager isn't afraid to get their hands dirty and will always pitch in. I have full respect for them". Another staff member said, "The registered manager is good and leads by example. They are a good communicator and is seen to deliver support to people. I like how they are composed and professional".

People and relative felt the service was managed well. A person said, "Very good management. Very understanding and they see things through". Another person said, "Good managers. Approachable and sort issues out". A relative told us, "I'm very happy with the care and support, I wouldn't want anything changed. The registered manager understands our loved one and has a good relationship with them and us". Another relative said, "The management is good. They are helpful and professional".

Room 29 were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered manager had good knowledge about their area of work and were open to learning and further developing the service. They were responsive throughout the inspection and supported us with questions we had and gathering the evidence we required. The registered manager had notified the

Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.

Governance frameworks were in place and robust across the organisation and within services. Team managers and the registered manager understood their responsibilities and felt supported by senior management. Staff told us that they felt supported and had a clear understanding of their roles and responsibilities. We saw that the service carried out quality monitoring across all of the services regularly. These audits covered areas such as medicines, environment, documents, tenants meetings and finance. In addition to these service monitoring checks took place as well. The service checks included paperwork, first aid, fire, infection control, health appointment check and seeking feedback from people and staff. Actions were identified and marked as completed as and when achieved. For example, we found that during the last monthly audit in January 2018 a meeting with the housing officer was required to discuss the environment. The action log had recorded that this meeting had been arranged for February 2018. Another action set following an audit in November 2017 was for staff to label open creams properly in line with procedures. We found that following notices being displayed and communications written to staff these were being labelled correctly and the action was recorded as completed.

There were effective systems in place to provide oversight of staff. The team manager told us, "Management complete drop in observations. These are unannounced visits. We observe staff interactions with people, review paperwork, chat with people and staff and carry out visual checks of the environment". We were told that these weren't officially recorded but that a template will be developed going forwards.

People, relatives and staff were encouraged and supported to be involved in developing the service. A person said, "The service listens to my views and feedback. This leads to change. Staff changes are an example of this". People told us that they had chosen colours in their bedrooms and decorated them to their choice. We visited one location which had been renovated to meet the needs of those living in it. A person told us, "I am having a wet room put into my room to help with my independence".

The service worked effectively in partnership with key organisations including, local authority, safeguarding and commissioners. The registered manager told us, "We have good relations with commissioners, professionals and other stakeholders and this leads to positive outcomes. For example, people's support hours have been increased where we have provided reason and evidence. We would also return hours as people become more independent and didn't require the support anymore". The service shared appropriate information with relevant parties for the benefit of people in a timely way.