Liaise Loddon Limited

3 to 5 Kennet Way

Inspection report

Oakley
Basingstoke
Hampshire
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Website: www.liaise.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 19 June 2017.

3 - 5 Kennet Way are two homes which provide residential care for up to three adults with mild to severe learning disabilities. Care is provided to those living with complex emotional and behavioural needs including Autism. Some people living at the service also had additional health conditions such as diabetes, epilepsy and brain injuries. 3 – 5 Kennet Way (to be referred to as the 'the home' throughout the report) comprises of two bungalows each with their own secure garden is situated in a residential setting in a village on the outskirts of Basingstoke. The homes gardens adjoin and both homes are accessible via a keypad coded garden gate. At the time of the inspection three people were using the service.

Care was provided by support workers who will be referred to as staff throughout the duration of this report.

3 - 5 Kennet Way has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Relatives of people using the service told us they felt their family members were kept safe. Staff understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and guidance provided to manage risks appropriately. People were assisted by staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Recruitment procedures were completed to ensure people were protected from the employment of unsuitable staff. New staff induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely. There were sufficient staff employed to ensure that people's individual needs were met.

People were supported by staff who had the most up to date training available to enable them to proactively meet people's individual needs.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as large scale staff sickness or accommodation loss due to fire or flood.

People were protected from the unsafe administration of medicines. Staff responsible for administering medicines had received training to ensure people's medicines were administered, stored and disposed of correctly. Staff skills in medicines management were regularly reviewed by the registered manager to ensure

they remained competent to administer people's medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice. People were encouraged and supported to eat and drink sufficiently in order to meet their needs and were able to make choices about what they eat and drank. Staff supported people to promptly see a range of healthcare professionals in order to maintain good health.

Staff sought people's consent before delivering their care and support. Documentation showed people's decisions to receive care had been appropriately assessed, respected and documented.

People were supported to eat and drink a balanced diet. People were involved in developing the home's menus and were able to choose their meal preferences. We saw that people enjoyed what was provided. People were supported to participate in meal times with the guidance provided by health care professionals being followed. Records showed people's food and drink preferences were documented in their care plans and were understood by staff.

People's health needs were met as the staff and the registered manager had detailed knowledge of the people they were supporting. Staff promptly engaged with healthcare agencies and professionals when required. This was to ensure people's identified health care needs were met and to maintain people's safety and welfare.

People were supported to participate in activities to enable them to live meaningful lives and prevent them experiencing social isolation. Family relationships were supported and a range of activities sought to enrich people's daily lives. The registered manager and staff were motivated to ensure that people were provided with the opportunity to experience holidays and participate in a range of external activities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager showed a comprehensive understanding of what constituted a deprivation of person's liberty. Appropriate authorisations had been granted by the relevant supervisory body to ensure people were not being unlawfully restricted.

Staff had taken time to develop close relationships with the people they were assisting. Staff understood people's communication needs and used non-verbal communication methods where required to interact with people. These were practically demonstrated by the registered manager and staff.

People received personalised and respectful care from staff who understood their care needs. People had care and support which was delivered by staff using the guidance provided in individualised care plans. Care plans contained detailed information to assist staff to provide care in a manner that respected each person's individual requirements. People were encouraged and supported by staff to make choices about their care including how they spent their day within the home or in the community.

Relatives knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way although none had been received since the last inspection. Relatives and staff were encouraged to provide feedback on the quality of the service during regular meetings with staff and the registered manager. Information was made available in alternative formats to allow people receiving the service to provide their feedback or complaints, thereby enabling them to feel valued.

The registered manager and staff promoted a culture which focused on providing individuals with the opportunities to live their lives as members of the community promoting their independence. People were assisted by staff who encouraged them to raise concerns with them and the registered manager. The provider routinely and regularly monitored the quality of the service being provided.

The provider's values of care to deliver positive, empowering and highly individualised care were communicated and understood by staff. We saw these standards were evidenced in the way that care was delivered to people.

The registered manager provided strong positive leadership and fulfilled the legal requirements associated with their role. The registered manager had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe. Quality assurance processes were in place to ensure that people, staff and relatives could provide feedback on the quality of the service provided.

Relatives told us and we saw that the home had a confident registered manager and staff told us they felt supported by the registered manager.

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 safeguarded from the risk of abuse. Staff were trained in safeguarding, understood how to protect people from abuse and knew how to report any concerns.

Risks to people had been identified and detailed. Recorded guidance was provided for staff and reviewed monthly to ensure people's needs were managed safely,

People were supported by sufficient numbers of staff to meet their needs in a timely fashion. There was a robust recruitment process in place to ensure staff had undergone thorough and relevant pre-employment checks prior to commencing their role.

Medicines were administered safely by staff who received training appropriate to their role to ensure medicines were stored, administered, documented and disposed of safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager had not ensured that where care was provided in a person's best interests that the principles of the Mental Capacity Act 2005 had been followed fully.

People were supported by staff who completed a nationally recognised induction process to ensure they had the skills and knowledge required to meet people's needs in an effective way.

People were supported by staff who demonstrated they offered people choice in their daily lives and supported them in the least restrictive way possible.

People were encouraged to participate fully in mealtimes to ensure they ate and drank sufficiently to maintain their health and wellbeing.

People were supported to seek healthcare professional advice were required in order to monitor, manage and treat their

changing health needs.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach with people, supporting them in a kind and sensitive manner.

Staff had a well-developed understanding of people and had developed companionable and friendly relationships with them.

Where possible people were encouraged to assist in creating their own personal care plans to ensure their individual needs and preferences were known and provided by staff.

People received care which was respectful of their right to privacy and maintained their dignity at all times.

Is the service responsive?

Good

The service was responsive.

People's needs had been appropriately assessed. Staff reviewed and updated people's risk assessments on a regular basis with additional reviews held when people's needs changed.

People were encouraged to make choices about their care which included their participation in activities and how they wished to spend their time within and outside the home.

People's views and opinions were sought and listened to. Appropriate communication methods were used to ensure that people could express their wishes.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a culture which placed the emphasis on the promotion of people's independence. Staff knew and followed this practice of supporting people's independence.

The registered manager provided strong leadership. Staff were aware of their role and felt supported by the registered manager and the provider. They told us they were able to raise concerns and felt the registered manager provided good leadership.

The provider and registered manager regularly monitored the quality of the service provided so that continual improvements could be made.	

3 to 5 Kennet Way

Detailed findings

Background to this inspection

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

This inspection took place on the 19 June 2017 and was unannounced. The inspection was conducted by one adult social care inspector.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR) which was completed prior to the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

During the inspection we spoke with four members of staff, the registered manager and the provider's Director of Care. We looked at three people's care plans and two people's associated daily care notes, three staff recruitment files, staff training records and three medicine administration records. We also looked at staff rotas for the dates 14 May 2017 to 19 June 2017, quality assurance audits, policies and procedures relating to the running of the service, accident and incident forms and maintenance records. During the inspection we spent time observing staff interactions with people including a lunch time sitting. After the inspection we spoke with two relatives and a social care professional.

This was the first inspection of the home since it was registered to deliver care in April 2016.

Good

Is the service safe?

Our findings

Relatives and a social care professional told us their family members were safe living at 3 - 5 Kennet Way because of the awareness staff had of their loved one's individual needs and their ability to meet these.

People were safe from the risk of suffering abuse as staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Staff were also able to describe physical and emotional symptoms people who were unable to verbally communicate could exhibit if suffering from abuse. Staff were knowledgeable about their responsibilities when reporting safeguarding concerns and felt confident to report any concerns to the registered manager, the provider and external agencies such as the local authority if required. The provider's policy provided guidance for staff on how and where to raise a safeguarding alert. The registered manager was aware of their responsibilities and was able to identify when a safeguarding alert was required, completing these referrals in a timely fashion as necessary.

Risks to people's health and wellbeing had been identified and guidance provided to mitigate the risk of harm to them and other people. All people's care plans included their assessed areas of risk. These included risks associated with people's health conditions such as diabetes and epilepsy and risks regarding people's behaviours which may challenge staff and others. Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people, for example some people using the service who were at risk of exhibiting negative verbal and physical behaviour. People's care plans provided guidance for staff about how to assist them safely and minimise the risk of them, staff and other people experiencing an adverse incident. We observed staff assisting people in a manner which ensured their safety. Records showed people had received the appropriate treatment in accordance with their risk management plans. Risks to people's care were identified and documented. Staff knew how to meet people's needs safely.

Accident and incident forms were completed when people and staff were involved in adverse situations in the home. These were reviewed by the registered manager and where possible lessons learnt to ensure that the likelihood of incidents being repeated were minimised. Where members of staff had been involved in physical incidents during their interactions with people living at the home these were documented, investigated and measures put in place to minimise the risk of reoccurrence. These incidents were reviewed by the provider as part of their quality assurance processes. This was to enable them to identify if there were trends associated with people's specific behaviours which would require a further review of their care plans and risk assessments where required.

Robust recruitment procedures ensured people were assisted by staff who were of suitable character. Staff had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers and included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were assisted by staff who had been assessed as suitable for the role.

People were assisted by sufficient numbers of staff to be able to meet their needs safely. On occasions when the home was working with minimum staffing levels due to staff sickness, staff told us that they were able to prioritise their workloads. This ensured that people's needs were met and they received the care they required at the time they needed it.

The home was regularly using agency staff to support existing staff at the home at the time of the inspection owing to staff recruitment difficulties. The same agency staff were deployed to ensure continuity of care for people living at the home. The registered manager also used the provider's 'Dream Team' which were staff employed and trained by the provider who were able to offer additional staffing support when required. The registered manager was suitably trained and experienced in care delivery if required to support people's needs. This ensured familiarity and consistency for people who may be sensitive to changes in their living environment and their daily routine. Relatives spoke positively of all the staff, permanent and agency, who worked at the home; one relative told us, '(family member) has a very strong relationship with one member of staff who is agency and he is probably one of the best carers we have seen working with him.' Another relative said, 'There have already been a lot of changes to staff, unfortunately, but all have been very professional and caring. There is now an excellent core team in place, and they show amazing care and patience in dealing with our (family member), even when (family member) is being very challenging and difficult. They all work so hard, and we can already see definite progress in (family member)'.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. Staff received specific training in medicines management and were subject to competency assessments to ensure they could manage and administer people's medicines safely. Documentation would be signed to identify that the correct medicines were to be administered.

Medicines were mostly administered using a monitored dosage system from a blister pack prepared by the providing pharmacy. The home contained no controlled drugs, these are prescription medicines controlled under the Misuse of Drugs Act 1971. In the event that these were required by those living at the home, staff and the registered manager knew the appropriate methods to store and dispose of these medicines appropriately. Medicines were stored appropriately with storage temperatures monitored to ensure they remained appropriate for safe use.

For people who were unable to communicate verbally that they required medicines which are to be taken as and when required, (known as PRN), such as painkillers, specific guidance had been created to allow staff to easily recognise the signs of people expressing pain. This included the non-verbal cues such as holding a particular body part or an escalation in behaviours which challenged. Staff recognised and understood these signs and people were provided with medicines appropriately to meet their needs.

For people receiving time critical medicines such as those to be administered for people experiencing an epileptic seizure, specific guidance had been created to allow staff to easily recognise when, how, and the quantity of medicine which should be administered. Staff recognised and understood this guidance and people were provided with medicines appropriately to meet their needs. People were supported to receive their medicines by staff who had received the appropriate, training, guidance and support in order to be able to safely manage medicines.

Requires Improvement

Is the service effective?

Our findings

Relatives we spoke with were positive about the ability of staff to meet their family members' care needs. One relative told us, 'Liaise (the provider) training seems to do a really good job'. Another relative said, 'We are so impressed with all the care staff at Kennet Way'. Relatives told us that staff respected their family members decisions and choices and took all available steps to promote people's independence.

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 and hospitals are called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager showed a comprehensive understanding of the Deprivation of Liberty Safeguards which was evidenced through the appropriately submitted applications and authorisations. Staff were able to clearly identify the principles of the MCA and staff demonstrated they complied effectively with the MCA by offering people choices with their day to day care. Staff spoken with understood why Deprivation of Liberty Safeguards were required.

However, when people had been assessed as not having the capacity to make key decisions about their care, the provider had not always documented that actions taken were in people's best interests. Best interest decisions are made in conjunction with people close to the person deemed to no longer have capacity. These processes are to ensure the decision being made on that person's behalf reflect their needs and that any action taken is for the benefit of the person. For some people, applications made to deprive them of their liberty had not always been discussed with relevant persons and documented fully as being in their best interests. This meant people were at risk of having their liberty deprived without the appropriate processes to ensure this action was necessary, proportionate and in the person's best interest. This information was brought to the provider's attention and immediate action taken to ensure this process was completed fully to evidence care was provided in people's best interests.

Another person had been identified as requiring the administration of covert medication in order to meet their ongoing health needs. Covert medicines are medicines which people are unaware they are taken this are required to maintain their health and wellbeing and may be administered within a person's in food and drink. The provider had completed the best interest's process involving relevant persons to ensure this action was required to meet the individual's needs. However, this person had not been appropriately assessed as per the principles of the MCA to identify whether or not they had the capacity to make this decision for themselves. This information was brought to the provider's attention and immediate action taken to ensure the appropriate MCA assessment was completed fully.

People were assisted by staff who received a thorough and effective induction into their role. Staff induction included a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their job. This allows new staff to see what is expected of them. Staff were able to request additional staff shadowing until they were confident to perform their role effectively. One member of staff told us about the induction, "We had three weeks of induction, seven or eight hours a day, quite intense, but really useful and I did that before I came to the house". The induction process completed by staff followed the Care Certificate induction standards. These are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised within the first 12 weeks of their employment. This induction covered a number of areas including staff understanding their new role, working with people in a person centred way, communication, awareness of mental health, learning disabilities and basic life support.

Alongside this training new staff completed the provider's own training which included subject areas specific to the needs of those living at the home. These training subjects included an introduction to diabetes, insulin, epilepsy and conflict management. Staff told us they felt sufficient training was provided in order for them to complete their role fully. They evidenced they knew the correct action to take in the event of an adverse medical incident such as a person experiencing an epileptic seizure.

People were assisted by staff who received guidance and support in their role. There were documented processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. The registered manager said that supervisions were planned every six to eight weeks however owing to the deputy manager currently being away from the home these had not always been happening in line with the provider's guidance. However, records showed these supervisions were due to take place during and immediately following the inspection. All staff we spoke with said they could and were happy to seek additional guidance and support from the registered manager at any time and felt they were offered every opportunity to discuss any concerns they had. One member of staff told us, "I know he's (registered manager) busy but he is there at the same time, if I need him he'll be there even if he's busy". Processes were in place so staff received regular and consistent support to enable them to conduct their role confidentially and effectively.

People were supported to maintain good health and could access health care services when needed. Records showed that when required additional healthcare support for people was requested by staff. When issues or concerns had been raised about people's health, immediate suitable healthcare professional advice was sought, documented and communicated to staff. This enabled health plans to be followed and for people to receive the care they required to maintain good health.

People were supported to have sufficient to eat and drink to maintain a balanced diet. We saw that people had a choice of menus and they enjoyed the food provided. The home employed a chef to prepare lunchtime meals and when they were not present staff prepared people's meals in accordance with their needs and preferences. People ate well and were provided with sufficient time to eat their meals at their own pace. For those who required additional support during their meal times, we could see individualised guidance provided in care plans was followed by staff. One person was able to eat independently; however, their care plan identified the need for them to use alternative cutlery. We could see that this cutlery was available and used during this person's meal time.

Specific and clear guidance was provided to support staff on how to manage people living with certain conditions, such as diabetes and epilepsy, for example. Care plans detailed each of the types of seizures people could experience, what the triggers and physical symptoms of these episodes were, what action

should be taken and how and when to administer rescue medicines. Staff were aware and knowledgeable on what action to take in the event of medical episodes and when people exhibited that they may be experiencing pain.

Good

Is the service caring?

Our findings

People indicated they liked living at 3 - 5 Kennet Way and we could see they experienced friendly relationships with staff. People indicated that they were happy by displaying relaxed body language, positive facial expressions whilst interacting with staff and moving around the home. Relatives told us their family members' assistance was delivered by caring staff which was confirmed by a social care professional we spoke with. One relative told us, 'All the care we have witnessed shows that the staff are all very caring and fond of (family member) and have their best welfare at heart …it is very clear from the way they talk about them that they care about them, for the person they are, not just because (family member) is their job… (family member) is probably now receiving the best level of care since they left school'.

Staff were knowledgeable about people, their preferences, specific behaviours and their support needs. They were able to tell us about people's favourite activities, their personal care needs and any particular diet they required. All staff in the home took time to engage and listen to people. People were treated with dignity as staff spoke to and communicated with them at a pace which was appropriate to their level and needs in relation to communication. Relatives confirmed this occurred, one relative told us, "They (staff) respond to (family member) ...very sensitively, being cheerful and upbeat in their approach or quiet and gentle as (family member's) behaviour is appropriate". Staff allowed people time to process what was being discussed and gave them time to respond appropriately, where necessary, to ensure people were engaged. Staff used gentle touch on people's arms to enable people to focus their attention on what was being communicated.

Some people living at the home required one to one care or two to one support whilst living in the service and whilst being supported in the community. This meant their support and care needs were such that they were a risk to themselves and others if they were not accompanied by suitable numbers of staff. We observed this support was provided in a non-intrusive and respectful way. Relatives told us staff dealt positively with behaviours which could challenge, one relative said, "We are constantly impressed by the professionalism and calm assurance of staff, even when dealing with (family member) during incidents of challenging behaviour". People were allowed to move freely around their home, access the local community and were not restricted by the staff who supported them.

Staff spoke fondly of the people they supported and had allowed personal but professional relationships to develop. The development of these relationships had been assisted by people's care plans which had been written in a person centred way. A person-centred approach is a way of ensuring that care is focused on the needs and wishes of the individual. Care plans were written in a way which showed affection for the people they were discussing. They contained personal information it was felt that people wanted staff to know about them as individuals, describing both their care and support needs but also their positive personality traits they wanted staff to acknowledge. These allowed staff to have a greater understanding of people's needs and the care they required.

Each care plan described who people were as an individual such as how they perceived the world around them from a sensory point of view, where they lived prior to moving to the home, what their fears and goals

in life were. These goals included ensuring people were able to maintain relationships which were important to them. People were treated with respect and had their privacy maintained at all times. Care plans and associated risk assessments were kept securely in each home to protect confidentiality however were easily available to staff to review.

People were not always able to participate in the planning of their care and support. As a result family members with the appropriate court appointed deputyship were involved in the process of creating care plans which met their family member's needs. Care plans contained detailed information about people's personal histories, any medical conditions they had and the support they required on a daily basis.

Care plans also detailed people's non-verbal communication methods which they would use. Staff used alternative methods of communication to ensure people were able to express their needs. We saw guidance was provided to staff on how to use these individual techniques when people were unwilling or unable to communicate fully. People received care from staff who know them as individuals, were caring in their approach and made sure their health and wellbeing needs were met.

Care plans also celebrated people's successes and achievements which showed staff were caring and supportive of the people living at the home. For example, one person had shown a positive behaviour when participating in an activity they were known to enjoy. Another person had willingly participated in receiving personal care without prompting which was a new achievement for that person and was documented as a 'magical moment'. Staff were keen to celebrate and promote people's emotional wellbeing when people achieved new milestones in relation to the care they received.

During the inspection, staff were responsive and sensitive to people's individual needs, whilst promoting their independence and dignity. Staff were able to provide examples of how they respected people's dignity and treated people with compassion. This included allowing people additional time with the tasks they could complete independently whilst remaining vigilant to their needs. People were provided with personal care with the doors shut and staff knocked on people's doors awaiting a positive response before entering to assist. When the inspector entered the home they were introduced to people living in the home so they were aware of their presence, advised of the purpose of the inspection and were welcoming in their approach as a result.

Staff told us it was part of their role to encourage people who used the service to be as independent as possible. Relatives confirmed this occurred, one relative told us "(family member) Has limited capability for independence, but it offered as much as choice as possible on a daily basis". People also had guidance included within their care plans which were agreed actions that people wanted to be able to achieve independently. For example, this included that people were to be actively involved in cleaning up their home after they had eaten. The care plan provided instructions on how they were to be supported to best assist this person so they retained their sense of independence. Staff knew the importance of supporting people to remain independent and we saw that they were encouraged to do things for themselves during the inspection. Staff were committed to maintaining and enhancing the skills of the people they were supporting.

Good

Is the service responsive?

Our findings

Relatives told us they were actively involved in planning and reviewing of the care their family members received. One relative said, "We often refer the 12 week internal reviews held at Kennet Way as well as any external reviews involving adult social care". Relatives said their family members were supported to do the activities they wanted to, encouraged to participate in new experiences and received care in the way they needed to remain happy and contented. A social care professional confirmed people had full timetables of activities to participate in.

People received consistent personalised care and support. People's care and support was set out in a written plan that described what staff needed to do to make sure that personalised care was provided. When initially planning care, the care plans took into account people's history as well as the activities that were important to them. Family members and social care professionals were involved in the creation of these care plans to ensure all the person's needs, wishes and wants were taken into consideration. Relatives confirmed they were involved in planning of people's care where requested, required and were involved in planning the transition programme to move people from their previous homes to 3 – 5 Kennet Way. This involvement allowed staff to minimise the emotional upheaval and distress people would experience when experiencing change. One relative told us, 'Discussions were very intense and involved and there was a detailed transition programme… Liaise staff were very aware of what had happened to (family member) and very caring in planning how to help them through yet another change'.

It was not always possible for people to express their views and formally discuss their care; however, family members and social care professionals were involved in this process. Care plans were reviewed every three months by staff, the provider's positive support coordinator and the registered manager to ensure the guidance provided within remained current. The care plans were then reviewed at least twice a year with the person's key worker who was responsible for maintaining a close relationship with that person, family members and social care professionals.

These reviews also took place if there was a change in a person's personal circumstances such as a health difficulty or if they began displaying behaviour which could challenge staff and other people living at the home. Staff were actively involved in identifying when these reviews were required and took personal responsibility to complete these. These ensured care plans contained the most up to date and relevant information enabling other staff to provide the care people required. For example, staff had identified that other staff members did not always understand a person's specific non-verbal cue they used to communicate. As a result staff updated the person's communication care plan to ensure that all staff were aware of this person's needs. These reviews ensured that staff were provided with the most current, correct and appropriate guidance to follow during care delivery and their daily interactions with people.

The provider, registered manager and staff were keen to fulfil people's lives by seeking ways to allow people to experience different social and leisure opportunities. Staff were also motivated to enhance the quality of people's lives by taking action in their own time to provide people with items of interest for them to enjoy. For example, one person living at the home had a love for a particular animal which was known by staff. One

staff member offered to make video of them for the person to enjoy. This showed staff thought of how to engage people in social interaction and ensured they had interest to their day.

Family members were also able to review the activities their loved one had participated in. People's care notes regarding activities were completed and held electronically on a system called the 'Relative Gateway'. The provider had initiated this secure system to allowed family members to review this information remotely so they would be able to monitor their family members' progress. This had been a popular system which had allowed family members to feel more involved and aware of the care their loved ones were receiving.

All the people in the home were supported to take part in activities in the local community. People were supported to participate in bowling, golf, going to church, shopping, visiting local farms, horse riding and swimming. Staff knew people's preferences and provided people with choice by asking people daily what they would like to participate in. Relatives confirmed activities provided met their family members' preferences and encouraged them to participate in hobbies they may have not completed in a long time. One relative said, '(family member) has done brilliantly in terms of activities, Liaise have picked up on all the activities which we have told them (family member) has enjoyed in the past even though (family member) may not have had access to them for a while…Liaise have accepted that (family member) needs to have their own vehicle so that (family member) can go for drives which have a huge relaxing and sensory impact'. Whilst people had routines schedules available this was subject to change on a daily basis depending on whether the person had changed their mind.

Relatives were encouraged to give their views and raise any concerns or complaints. The provider's complaints policy provided information for relatives and staff about how a complaint could be made, the timescales for any response and how to complain to the Local Government Ombudsman (LGO). The LGO is the final stage for complaints about social care providers. It is a free and independent service that ensures that a fair approach is taken to complaints made.

Relatives were confident they could speak to staff or the registered manager to address any concerns. Relatives told us they knew how to make a complaint and felt able to do so if required although they had not yet had cause to raise a formal complaint. Systems were in place so if complaints were received they could be documented, raised to the registered manager, investigated and a suitable response provided. No formal complaints had been made by people, relatives or staff since the home was registered to deliver care in April 2016. Despite no internal complaints being made, processes were in place to allow the registered manager to record, investigate and respond appropriately in line with the provider's guidance.

Good

Is the service well-led?

Our findings

The registered manager promoted a service at 3 - 5 Kennet Way which was open and supportive. They sought feedback from people living at the home to identify ways to improve the service provided. Relatives said they were happy with the quality of the service and thought the home was well led by a positive registered manager. One relative told us, 'I think that the home is well managed', another relative said "The (registered) manager is enthusiastic, skilled and caring, he is approachable and ready to listen to any queries, suggestions etc". This relative also said '(family member) and I are extremely happy with Kennet Way as a residential placement for (family member)'. A social care professional told us, "I have confidence in the Manager and leadership within the organisation".

The registered manager was keen to encourage an open and supportive culture between all people living at the home, staff and relatives. In order to achieve this registered manager maintained regular contact with people, staff and family members, which staff and relatives confirmed. One member of staff told us, "Yes definitely yes, there's no problem with communication with the manager…he listens to you". The registered manager was available to people and staff to offer guidance and support whenever they were required. Staff confirmed the registered manager was open to their requests for assistance and supportive in his actions by being actively involved in care delivery. A member of staff told us, "If there is anything he's on site straight away, it is good...he knew we needed extra support and he's there".

The registered manager wanted staff to place the people living at the home at the centre of everything that happened with staff taking a very person focused approach to care delivery. This was achieved by the registered manager promoting the provider's core values. Staff recognised and acknowledged the values of the service evidencing they knew the standards of care which were expected of them. These values were provided to staff during their staff induction and displayed in the home.

The provider's core values were based on being positive, empowering and offering people opportunities for their own personal growth, being open and sharing the vision of offering positive care to those living with complex need. Our observations showed that staff followed these core values in their interactions with people and responded quickly to people's individual needs. One member of staff told us about the values of the service, they said, "Just to be as positive as possible and (allowing people to) live life to the fullest", another member of staff said of the values, "The main thing here is about being positive and keeping trying new things, don't blame people and give them choices, respect them".

The registered manager demonstrated an awareness of the individual needs of people living at the home and was able to provide personal care when required. As a result the registered manager was well respected by staff.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and effectively. Staff knew where to access the information they needed to enable them to deal with new situations and could seek advice and guidance from other staff.

The registered manager sought feedback from people to identify how the service they received could be improved. Whilst not all the relatives we spoke with felt they were specifically asked to provide feedback, they did confirm the registered manager was, 'Receptive to suggestions or views'. One relative told us, "Anything we do suggest is always tried". The director of care told us feedback request forms were sent to relatives on an annual basis to ask them for their opinion on the quality of the service their loved ones received. However, relatives were informed they could send these back whenever they wished. When these had been returned suggestions on how improvements could be made were discussed by the director of care and registered manager and steps put in place to address the issues identified.

From feedback received it was identified that family members felt communication could be improved between them and the home. As a result the registered manager had developed monthly reports which were sent to each person's family detailing the activities they had participated in (with accompanying photographs) and any behavioural issues or specific events which had occurred such as medical visits, for example. Relatives were then also provided with access to the 'Relative Gateway' which enabled them to see what activities their loved ones are participating in. The director of care and registered manager emphasised to relatives the important of providing feedback as soon as they wished to raise a matter so that immediate action could be taken. Where relatives had provided suggestions or made requests for changes to be made to improve the quality of the service people received this was welcomed and actioned. For example, one relative identified their family member had some difficulties with their sleeping arrangements, as a result they suggested the television be removed from their room to aide them in this process. This was actioned by the staff at the home to promote this person's sleeping pattern.

There were systems in place to monitor the quality of the service people received through the use of regular provider and registered manager audits. Regular quality checks were completed on key areas such as medicines and people's finances which were carried out to identify and manage risks. Reports following the audits would then detail any actions needed, prioritise timelines for any work to be completed and who would be responsible for taking action. During the inspection a financial audit was conducted which identified no additional action would be required in order to manage people's money safely. The registered manager also completed a weekly report for the provider which reviewed care provided in a number of key areas and provided an overview of the service delivered at the home. These included raising concerns about people's health such as the use of medicines used to support people who could demonstrate behaviour which could challenge, and sickness or injuries, numbers of supervisions completed, staff vacancies and numbers of agency staff used. These weekly reports were used to make the provider aware of key events at the home allowing them to maintain an overview on how the home was operating. Processes were in place to respond if issues were raised during quality assurance checks and would be used as an opportunity to improve the quality of the service provided.

Staff identified what they felt was high quality care and knew the importance of their role to deliver this. One member of staff told us, "(high quality care) is by treating people as individual first and foremost, no two people are the same so there is no point putting LD as a label…treating them as an individual with respect…and in the way you would wish to be treated". We saw interactions between staff and people were friendly and unobtrusive which supported this statement. Relatives provided examples where staff had taken additional supportive action to ensure their family members needs were met. This included staff not taking their breaks to ensure their family members could participate in activities or working when they were

not rostered to work to ensure a driver was available enabling people to have extra home visits to see family members.

A selection of compliments were viewed which agreed that high quality care was provided to people living at 3 - 5 Kennet Way. A relative had written to the home, 'Just wanted to thank you all so much for helping (family member) to settle in so well at the bungalow. Even though it's obviously very early days, we're impressed with how quickly everyone is getting to know (family member), and how hard everyone is working for her'. Another compliment read, '(family member) and I just wanted to thank you and all at Liaise very much for a really encouraging 12 months. (Family member) has now settled in really well and is much more her 'old self' after her unsuitable previous placements. We look forward to further progress over the next year. We're so happy to have found Liaise'. Another relative had written, 'Thank you all for what you have done for (family member), we have seen a great improvement in the last year and hope it continues'. Staff recognised the traits of high quality care and ensured this was delivered.