

The You Trust

The You Trust - 5 Paddock Way

Inspection report

5 Paddock Way
Petersfield
Hampshire
GU32 3NH
Tel: 01730 267120
Website: www.lifeyouwant.org.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 

Overall summary

This inspection took place on the 26 and 30 November and the 11 December 2015. The You Trust – 5 Paddock Way is a care home registered to provide accommodation and personal care for eight adults with a learning disability. This location is also registered to provide personal care for people living in their own homes. At the time of our inspection there were eight people living in the service at 5 Paddock Way and four people supported in their own homes. Accommodation at 5 Paddock Way

was provided within two houses that were joined. Each house had separate communal areas such as a lounge and kitchen and people were able to access both houses through a shared corridor. People supported in their own homes were living in Odiham in Hampshire.

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

Summary of findings

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 inspection at 5 Paddock Way was unannounced. We gave 48 hours short notice of our inspection for the domiciliary care service because we needed to be sure that staff and people would be available when we visited.

Both services were registered at one location and managed by one registered manager. Staff supporting people in their own homes were based in the building where people lived in their own self-contained accommodation. In this report we have said which people, staff and team managers we spoke when this was relevant by referring to Paddock Way or people supported in their own homes.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005 and whether applications to deprive a person of their liberty had been appropriately made and authorised. We found the provider had not carried out an assessment of people's mental capacity to agree to their care and treatment and any restrictions within this. No applications to deprive a person of their liberty had been made. This meant people's rights under the MCA may not be met. We noted the provider had introduced guidance and procedures to assess whether an application was required. However, at the time of our inspection the provider had not completed mental capacity assessments and was unable to evidence people's rights were being upheld.

People's medicines were stored, administered and disposed of safely. We found some recording errors in people's medication administration records. We saw action taken by the registered manager during our inspection to remedy this. The registered manager introduced a weekly audit to prevent a reoccurrence. Staff had been assessed as competent and completed training in the safe administration of medicines.

Staff understood indicators of abuse, and the procedures to follow to protect people from harm. Training and guidance ensured staff knew the actions required to report safeguarding concerns. People were supported to understand risks to their safety and how to stay safe.

Risks affecting individuals had been assessed and risk management plans were in place to describe how people should be supported safely. People were supported by staff who understood how positive risk taking could provide new and exciting experiences for people. Positive risk taking is about identifying and balancing the positive effects of taking risks against the potential of an adverse event occurring. Risks to people from emergencies were assessed and procedures were in place to manage these safely.

Checks were carried out to ensure the environment was safe and risks to people from care delivery had been assessed. Plans were in place to mitigate against identified risks.

There were enough staff to meet people's needs. Staff responded flexibly to meet people's changed or specific needs. All the required checks were carried out to ensure staff were recruited safely and people were protected from unsuitable staff.

People were supported by staff who completed the provider's required training and additional training to meet people's individual needs. Staff demonstrated understanding of their training in the delivery of the care people received. Staff were supported by managers in their role and received regular supervision.

People's dietary needs and food preferences were catered for. People were supported to access healthcare as required and to maintain and improve their health.

People were treated with kindness and compassion by caring staff. People told us staff listened to them and respected their decisions. People and staff appeared to enjoy each other's company and staff knew about people's preferences and interests.

People's care plans were focused on their individual needs to enable staff to provide person-centred care. Care and support was delivered in line with people's assessed needs and to support people achieve the goals they had identified. People were supported to follow their interests and to maintain or achieve independence as much as they were able to.

A complaints procedure was in place and this was available in an easy read format for people to understand. People and their relatives were asked for

Summary of findings

their feedback about the quality of care provided. Quality assurance processes were in place to monitor and assess the quality of care people received and to drive service improvements.

There was a positive, open and caring culture within the service. Staff and managers knew people well and had worked together for several years. Staff understood the provider's values and used these to underpin their work and relationships with the people they supported.

During the inspection, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People's medicines were stored, administered and disposed of safely. We found some recording errors related to people's medicines and the registered manager addressed these during our inspection.

People were protected from the risk of abuse, because staff understood how to identify report and address safeguarding concerns. Concerns about people's safety were acted on.

Risks affecting people and others were managed safely through a process of assessment and risk management.

There were enough staff to meet people's needs and recruitment processes in use protected protect people from the employment of unsuitable staff.

Good



Is the service effective?

The service was not always effective.

The provider had not implemented appropriate procedures to ensure people's freedom was not unlawfully restricted.

People were supported by staff who completed training to meet people's individual needs and to carry out their role effectively.

People's dietary needs and preferences were met. People were supported to maintain their health and access healthcare as required.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness and compassion by caring staff.

People's rights to privacy, dignity and choice were respected by staff.

People were supported by staff who knew them well and understood their needs and interests.

Good



Is the service responsive?

The service was responsive.

People received person-centred care that was focused on their individual needs and goals.

People participated in activities to meet their interests and needs and were supported to maintain and develop their independence.

Good



Summary of findings

Procedures were in place to enable people to complain if necessary.
Procedures and guidance were available for staff to support people to make complaints and raise their concerns.

Is the service well-led?

The service was well led.

People were supported by staff who understood and acted in line with the provider's values.

There was a positive, open and caring culture. This enabled people to feel confident and comfortable with staff and managers who knew them well.

Staff were supported by managers to know and understand what was expected of them in their role.

Quality assurance processes were in place to monitor and assess the quality of care people received and to drive improvements. The registered manager took action at the time of our inspection to ensure quality assurance audits were more frequent and effective.

Good



The You Trust - 5 Paddock 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 26 and 30 November and the 11 December 2015 and was unannounced at 5 Paddock Way. The provider was given 48 hours' notice of our inspection of their domiciliary care service. This is because we needed to be sure that someone would be there to support the inspection visit.

When planning the inspection visits we took into account the size of the service and that some people could find visitors unsettling. As a result this inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR

along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. During our inspection some people were unable to tell us in detail about their experience of the care they received. We observed the care and support people received throughout our inspection to inform us about people's experiences.

We spoke with four people who used the service at 5 Paddock Way and two people supported in their own homes. This was to gain people's views and experience of the care they received. We spoke with the registered manager, two team managers and interviewed five support staff. We spoke with a care manager from the county council learning disability projects and two people's relatives. We reviewed five people's care plans, including their health care records. We looked at four staff recruitment, supervision and training records. We reviewed policies, procedures and records relating to the management of the service such as quality assurance audits, business continuity plans, incident reports and the record of complaints.

We last inspected this service on 14 May 2013, and did not identify any areas of concern.

Is the service safe?

Our findings

People told us they were cared for safely. A person at 5 Paddock Way said “I feel safe because someone is always here”. Another person supported in their own home said “The staff help me to feel safe”. A person’s relative said “I come in here at any time and it is safe. The staff have been here a long time and that gives me confidence”.

People were supported with their medicines by staff. We looked at the arrangements in place to ensure the safe management, storage and administration of medicines. We found some aspects of recording related to people’s Medicine Administration Records (MARs) could be improved.

For example, we found unexplained gaps in the recording of medicines administered on the MAR’s of four people. This included the medicines prescribed to support a person with insulin dependent diabetes. We were assured through our discussion with team managers and staff that these were recording errors and that the medicine had been administered as prescribed. This was addressed by the team manager during our inspection.

One person did not have a record on their current MAR of a PRN medicine. These are medicines used as and when required, for example to address anxiety. This medicine had not been taken and had not been required. However, this meant the record of the person’s currently prescribed medicines was not available and up to date. We checked the person’s previous MAR and saw it did include the medicine and the stock tallied with the prescribed amount. The registered manager implemented a weekly medicines audit to ensure errors in recording were identified and acted on to prevent reoccurrence.

Medicines were obtained and stored safely and medicines no longer required were disposed of safely. Staff completed training prior to administering people’s medicines. The training was repeated at three yearly intervals. Annual knowledge checks were completed by staff to check they had up to date knowledge of policy and procedures and knew how to respond to issues such as when a person may refuse medicines

When people were prescribed medicines to be taken as required guidelines were available for staff to inform them when and how to use the medicine. For example; one person had been prescribed a medicine to be taken when

they became distressed and anxious. The guidelines included the actions staff should take before giving the medicine to help the person calm down. Staff we spoke with knew and understood the reasons for this medicine and when it should be administered. This meant people received their medicines from staff who understood when they were required.

Staff we spoke with understood the support people required to keep them safe. For example one staff member told us about a person who was vulnerable when out in the community. This person was supported to stay safe by accessing the community with staff. People were supported to understand risks to their safety by watching a DVD about safeguarding for people with a learning disability. Staff supported people’s understanding through a discussion of the film and the provider’s safeguarding procedures. Minutes from a resident’s meeting recorded that a staff member had checked people’s understanding of the terms ‘physical abuse’ and ‘neglect’ and people had explained the meaning. People were supported to understand safeguarding information to help them stay safe.

People were supported by staff who understood the indicators of abuse and how to report their concerns. We spoke with staff about how they recognised the signs of abuse when people may not disclose abuse or mistreatment. A staff member said “Changes in their behaviour, avoiding people, bruises or markings. We know people well and we would see it”. Asked about reporting concerns a staff member said “I would go to my line manager or above them. I would contact the police or social services if appropriate to do so”. Records confirmed that when concerns were raised the registered manager took the appropriate action. This included investigation, notification to the Care Quality Commission (CQC), or local authority, and actions to prevent reoccurrence.

Risks to people had been identified and people had plans in place to manage these risks. Risk assessments were based on people’s individual needs. They included information about the implications of the risk for others and the positive and negative factors in taking the risk. Staff we spoke with understood that positive risk taking could benefit the person. For example a staff member said “Positive risk taking enables the person to experience new things, there may be elements of risk but it could be a tremendous experience for the person. We would try and encourage them to have the experience if this was the

Is the service safe?

case". A person told us and their relative confirmed that their confidence had improved through having new experiences such as performing on stage. Other people had been supported to access the community independently, manage their medicines safely and enjoy new social experiences and activities. Risks were managed positively to promote people's independence.

Staff we spoke with were aware of people's individual needs, the associated risks and appropriate actions to mitigate any identified risk. Staff told us about people's risks in relation to their behaviours, their health, personal care needs and managing their finances and relationships. Records confirmed these risks were assessed and plans were in place and acted on to support people safely.

A business continuity plan was in place and reviewed which detailed actions and information required in case of an emergency. This included emergency contact details, repair services and plans to manage reduced staffing levels. 'Grab packs' for use in an emergency included information on people's individual contacts, medicines and important personal information. People were supported to understand how to act in an emergency situation such as a fire by watching a DVD and discussing safety procedures in resident's meetings. People living at 5 Paddock Way were involved in practising evacuation during fire drills and information on the procedure was available in an easy read format. Arrangements were in place to address foreseeable emergencies and keep people safe.

Records at 5 Paddock Way showed risk assessments were in place to assess and manage risks associated with the service provision including; health and safety of the environment; building risk assessment, the Control of Substances Hazardous to Health (COSHH), fire safety, food preparation, lone working, manual handling, abuse and stress. Risk assessments were regularly reviewed to ensure they reflected current issues and actions required.

People and staff confirmed there were enough staff available to meet people's needs safely. Staff cover for sickness and annual leave was either provided by existing staff or the provider's own bank staff. The service did not use external agency staff. The team manager told us the team worked flexibly to meet people's individual needs, for example to provide additional cover when a person required two staff to support them in the community. They said "Sometimes management is not just about management, I also support people". Management support was available to staff out of hours.

People who were supported in their own homes were allocated staffing hours based on their local authority needs assessment. The registered manager monitored the hours delivered and this confirmed the correct hours were delivered. Monitoring also helped to identify if people's support needs had changed; for example if they required a higher level of support. We looked at the record for one person and saw their hours had been recorded as delivered in line with their assessed needs. Support staff were able to respond flexibly to people's needs because they were based in the building where people lived in their own self-contained accommodation. People we spoke with confirmed there were enough staff available and they were able to contact staff either through the use of an alarm pendant or by visiting the office. There were enough staff available to meet people's needs safely.

People were supported by staff who were recruited safely. The provider had completed all of the required pre-employment checks when recruiting staff. This included; a full employment history, character references and a criminal records check. Records confirmed staff recruited to the provider's bank staff also completed all the required checks and an induction into the service they worked at. This meant people were supported by staff who were suitable for their role.

Is the service effective?

Our findings

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 make particular decisions, any made on their behalf must be made in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

An application for a DoLS had not been made for anyone living at 5 Paddock Way. Some people were able to access the community independently and some people required the support of staff to do so. Staff supported people to ensure their safety. However, some people lacked the mental capacity to make an informed decision about their care and treatment arrangements. In these circumstances we were concerned that people's rights under the MCA may not be met. Assessments and best interest decision making had not been carried out to determine whether the restrictions in place amounted to a deprivation of liberty. The registered manager acted on these concerns and produced guidance and information on the process for team managers to follow to determine whether a DoLS application was required. Because this process had not been completed at the time of our inspection we were unable to determine whether people's rights under the MCA were being met.

When people receiving personal care in their own home were deprived of their liberty an application would be made to the Court of Protection. No application had been made to the Court of Protection for people supported by the provider. One person's mental capacity had deteriorated recently. This person was also monitored by a sensor in their bed for movement at night. Bed sensors can be considered a restrictive practice because they enable

staff to monitor the person's whereabouts. This person's care was currently under review and we were assured the process introduced by the provider would be followed to ensure their rights under the MCA were upheld.

Staff completed training in the MCA. A staff member said "If there is a way of getting the person to make their own informed decision then they can make it. If not others that know them well would be involved". Where people were deemed to lack capacity to make some decisions, mental capacity assessments had been completed. Appropriate consultation had been undertaken with relevant people to ensure that decisions were being made in a person's best interests. For example; in relation to dental treatment and in relation to a person keeping food in their room where this had implications for their health. The decision making had included health and social care professionals.

Care plans and risk assessments were completed and provided the necessary guidance for staff to meet people's needs. However, the daily record and progress notes completed by staff to describe people's daily care were not always completed. A staff member told us this could mean the person had refused care. People could be at risk of inappropriate care and treatment when notes were not completed to reflect the care and treatment people had received or decisions taken in relation to that care. For example if their consent to the care and treatment offered had changed.

The failure to ensure that people were not deprived of their liberty without lawful authority was a breach of regulation 13 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014.

People had been supported by the same staff for several years. The staff supporting people in their own homes had transferred to the provider when the contract for the care service was awarded to them on 1 April 2015. However they had worked with the people using the service under a different provider previously. All staff were established in their role and had not required a recent induction. Records showed the provider had an induction programme in place which met the requirements of the 'Care Certificate'. The care certificate is an identified set of standards that health and social care workers should adhere to in their daily working life.

There was a comprehensive training programme in place to ensure staff completed the training required by the

Is the service effective?

provider to deliver their role effectively. Records showed staff completed the training and a system was in place to monitor staff training was regularly updated. Staff we spoke with told us they were satisfied with the training provided. A staff member said “the training is very good”.

Staff told us about the training they had completed to support people’s individual needs. This included training in Makaton to meet a person’s communication needs. Makaton uses signs and symbols to help people communicate. Diabetes training enabled staff to support a person with their diabetes management and dementia training supported staff to meet the needs of a person recently diagnosed with dementia. All staff completed training in de-escalation techniques. This training helps staff learn strategies to prevent the escalation of behaviours that challenge. A staff member told us how they had used this training to provide support to a person with behaviours that may challenge. They told us the person had been prescribed a medicine to help them calm down if they became agitated and said “we haven’t had to use the medicine as our approach has helped her calm down”. People were supported by staff that completed and demonstrated understanding of training to meet their needs effectively.

Staff we spoke with said they were well supported by their team managers and the registered manager. Records confirmed staff received regular supervision. Staff told us they were supported to develop in their role and were given additional responsibilities to achieve this. One staff member said “You have the opportunity to have a voice and for professional development”. The team manager at 5 Paddock Way told us it was important to acknowledge team members’ different strengths and abilities to motivate staff and said “If staff are happy they are more responsive”. Staff were supported to develop in their role.

People were supported to manage their dietary and nutritional needs. For example; two people had a gluten free diet and one person was supported to manage their diabetes by calculating the carbohydrate content of their meals. One person receiving support at home required a

‘soft diet’. A soft diet is made up of foods that are soft and easy to chew and swallow. This person had been assessed by a healthcare professional as requiring a soft diet and staff ensured this was prepared for them. People had access to information on healthy eating and were involved in planning their menus. People’s dietary needs and food preferences were catered for.

Staff ensured people’s health care needs were met. People had been seen by a variety of health care professionals such as the GP, dentist, optician, occupational health, chiropodist and specialist nursing staff as required. A person’s relative told us how their family member had been supported by staff when they became unwell. They told us how they thought staff had acted “Way beyond the call of duty” to ensure their loved one was cared for and received the appropriate treatment. This had included getting a second opinion when they were not satisfied with the outcome of a hospital visit.

We noted that records relating to people’s health care needs were not always easily accessible. For example; in some files we reviewed there were summarised details of people’s appointments and outcomes. In other files this information was not summarised or easily accessible. Staff were aware of people’s healthcare needs and some appointments were prompted by the GP. However where records were not easily accessible this could result in people’s important healthcare information and appointments being missed.

Records showed that people received an annual health check with their GP and a review of their medicines. Information about people’s needs was recorded in case they required admission to hospital. This included ‘things you must know about me’ such as; personal details and history, medicines, sleeping and eating need, religion, GP and allergies. It also documented things that were important to the person such as; their likes and dislikes. This meant information was available to other healthcare providers to support people appropriately in the event of their admission to hospital.

Is the service caring?

Our findings

People spoke positively about the caring approach of staff. People's comments included; "Staff are friendly and caring", "I am happy staff are nice people", "I like them all and they are helpful", "Staff are good at helping me" and "Good staff I like them".

All the staff we spoke with including the registered manager, team managers and support staff knew about people's individual circumstances and needs. All staff showed a caring attitude when explaining to us the difficulties and changed needs people experienced. It was clear from the information we gathered on our inspection that people had been supported to manage difficult times with care and compassion.

For example; a relative told us how caring the staff had been when their family member became ill. They said "This is an excellent home, my relative was very ill and they really cared for her and were so supportive. It would have been very difficult if we did not have the level of trust we have in the staff". A staff member told us about the changes a person they supported was experiencing due to the onset of dementia. They told us how training had helped them think about the way the person was supported and said "They now need more time and patience, the biggest thing we can give them is our time". People were supported by caring and compassionate staff.

We observed interactions between staff and people during the course of our inspection. Staff were friendly, patient and respectful in their attitude towards people. There was laughter and humour between staff and people and it was evident people were comfortable with staff and managers. People were in and out of both the staff offices during our inspection asking for help or just to chat and catch up. Staff invariably responded to people cheerfully and addressed their needs.

Staff we spoke with told us how they built positive relationships with people. For example a staff member said "I find out people's interests and likes to make a connection for example; a person who enjoys cooking I involve them and offer them new experiences with this". Staff were able to give us examples of people's likes, dislikes and interests and records showed these were as described in their care plans. One staff member explained they used endearments such as "Petal" when talking to one person because that

was the way they prefer to be addressed. Another staff member told us how a person preferred to be sociable on their own terms and would come and find staff for a chat when they wanted to. The provider had introduced personal profiles for staff so that people were aware of staff's interests and hobbies so they could choose staff with shared interests to support them. People were supported by staff who knew about their interests and preferences.

People were supported to express their views and make decisions about their care. The team manager at Paddock Way told us how people had been involved in all aspects of the décor at the home. This included choice of furniture, decoration colours and carpet choices. Residents meetings were held monthly and records showed people were asked for their views on living at Paddock Way and suggestions for improvements. We saw a birthday party had been suggested and at the time of our inspection this was carried out with the lounge decorated with banners and balloons. The person was very excited and pleased about this.

We observed people made decisions about their daily activities such as when they had breakfast or when they got up. People told us staff respected their decisions and comments made included; "I am listened to" and "I can choose no one tells me what to do" and "I make my own decisions". A person had chosen the outfit they would wear for their birthday and we observed staff discussing this at handover to ensure the outfit was clean and prepared for their birthday. People were supported by staff who respected their decisions.

People's care plans included a core charter of rights, this document described people's right to; choice, privacy, personal independence and dignity. People told us their right to privacy was respected for example; having a key to their room so they could lock their door and a person said "Staff give me privacy, they always knock". A woman was supported with her personal care by female support staff. Although this person was unable to express their preference assignment was made to female staff to promote their dignity. A relative said "They are very good about respecting her own personal space they always ask her permission". A staff member described how they supported people rights and said "I always make sure someone has their dignity, respect and choices. I like to treat people how I would like to be treated in that person's position. When I support a person with personal care I

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cover her with a towel until she is fully dressed. I would not shout at or patronise a tenant". People were supported by staff who treated them with respect and promoted their privacy and dignity.

Is the service responsive?

Our findings

People received person centred care to meet their assessed needs. People had care plans in place that described their assessed needs; what they would like to do; why they would like to do this and how they will do this. For example; a person's assessed need was to have support from two staff when in the community. They wanted to do things they enjoyed outside of the house and for staff to get to know their likes, dislikes and to try new activities. This was important to them because it met their needs for enjoyment, socialising and reduced isolation. Staff reported in the daily progress notes when they supported the person in line with their care plan. Daily progress note entries included time spent out with the person such as 'cup of tea in town' or 'walk to visit to my friends living in the bungalow'. People received person centred care in line with their assessed needs.

People were supported to make improvements in their health and independence. A person had been recently admitted to Paddock Way. They had insulin dependent diabetes and had a history of frequent hospital admissions. Staff completed training in how to support the person to manage their diabetes. A plan was in place that included staff calculating the carbohydrate content of the person's meals, their blood sugar levels and the resulting amount of insulin the person required. The person continued to administer their own insulin. The plan had proved successful and the person had not required hospital admission since moving to the home. A staff member said "They look healthier and they are pleased and we praise them for it" and the person told us they were happy with their diabetes care.

Staff told us how they supported people to remain independent. For example a staff member said "We encourage people to do what they want to and support them until they feel comfortable in doing it themselves". Support included; going with people to a work placement until they felt confident to remain there alone, and shadowing people out walking until they felt safe to walk alone. People were encouraged to be involved in household tasks such as cleaning and cooking. One person had been supported to use public transport initially accompanied by staff. This was important to the person

because it meant they could visit their parent independently. The person had achieved this goal with staff support. People were supported by staff to develop and maintain their independence.

People had been supported to manage behaviours that may challenge. The provider ensured staff completed training in de-escalation techniques. Records showed people had detailed care plans and risk assessments to help staff support people to manage their behaviours. People were also supported by other health and mental health care professionals when required. We reviewed the care plan of a person who had been supported by a psychologist, the learning disabilities team and staff at the service to manage behaviours that challenge. The support offered to the person had resulted in positive outcomes; such as an increase in confidence, a reduction in behaviours that challenge and a closer relationship with their family. Their care plan review praised the person 'for their fantastic efforts'. Care was planned and delivered to increase people's quality of life and help to reduce incidents of behaviours which may challenge.

Information in people's care plans described people's communication needs and staff understood how people communicated their needs. One person did not communicate verbally, and their care plan identified how this could create problems for the person in expressing their likes and dislikes. Staff told us how they supported the person to make choices. For example by showing them clothes. Staff said "They will push away the one they don't want" and explained how the person made a particular noise to indicate their approval. Another person communicated using Makaton. A staff member told us "they may not always sign back with comprehension so I keep going until we get there". Staff had identified a person who was not able to articulate a problem was in pain and had lost weight. Following a medical assessment a dietary condition was identified and was now managed through appropriate diet changes. People were supported to communicate their needs and wishes.

Some people received support in their own homes from staff who were on site. This meant although people were allocated care hours based on their assessed needs staff could provide these flexibly to meet their needs. Staff told us about a person whose needs had changed and how their care package had been reviewed to reflect their higher care needs. Staff had worked with healthcare professionals

Is the service responsive?

to ensure the person's changed needs were assessed and the care delivered was appropriate for their needs. Staff provided regular checks on the person to ensure they were safe and their needs were met.

People living in their own homes were supported to enjoy activities by staff when required. However the emphasis was placed on encouraging people to continue with their interests independently at home and in the community. People living at Paddock Way enjoyed individual activities along with activities organised by the home such as holidays and outings. There were photos in the home showing people enjoying a variety of holidays and activities and people told us about how they spent their time. One person said "I go to the library and to the heath. I feed the ducks; I go to the pub and on coach trips and the disco. At home I do puzzles and read books". Another person told us about their day centre and how they enjoyed art and drama there. Some people had work placements and attended a local day centre. We spoke with a person and their relative who told us about all the activities they were involved in such as; the committee at the day centre, drama, social events, bowling, sports and swimming. They said "We are lucky people". People were supported to follow their interests and take part in meaningful activities.

There was a complaints procedure in place for people to use if required. The procedure detailed how staff should handle complaints from people. This included ensuring people had privacy to discuss the complaint and explaining confidentiality. Staff were prompted to give reassurance and listen to people and to follow safeguarding procedures should this be necessary. The complaints procedure was also available to people in an easy read format. No complaints had been received. A person said "They would listen to me and sort the problem out". Staff told us "We always say to people if you have a problem come and talk to us".

Relatives we spoke with knew how to complain, but had not found this necessary as they were pleased with the service and had regular contact with the service about any updates or concerns in relation to their relative. A relative said "If I had any concerns or worries I would discuss them. I have never felt they would hold this against me. They would listen to me and not brush me off". Procedures were in place to support people and others to raise complaints and ensure they were appropriately managed.

Is the service well-led?

Our findings

People knew the registered manager. At the time of our inspection the management arrangements were in the process of changing and the provider had notified us about this. The team managers had assumed responsibility for managing the day to day activities of the service with support and input from the registered manager. Staff spoke highly of the registered and team managers who they found supportive and approachable.

There was a positive, open and caring culture at the service. Managers and Staff had worked together a long time and said they had valued relationships with their team members and worked well as a team. We observed staff were confident and comfortable in their discussions with managers and with each other. Staff told us they were happy in their work and they appeared to be so. This created a happy positive atmosphere for people. People had access to staff and managers throughout our inspection. Office doors were open and staff were receptive to people's enquiries and needs. A person's relative said "I can come into the office whenever I visit it's always open".

Staff completed training in the provider's values and staff described the values and how they used these in their work with people. The provider's values were; person-centred, excellence, trustworthy, can-do and innovative. We observed staff implementing some of these values in their daily practice. For example; people receiving person centred care that was focused on their individual needs. A person's relative told us about the level of trust they had in the team to care for their family member, which had been demonstrated by their actions. A staff member told us how they used the 'can-do' value in their approach and said "I encourage people to do the things they want to do and live the life they want to live". Another staff member told us how they supported people in a person centred way and said "I give the person choices with everything, I respect the fact that people can make risky choices if they want to try something new". People were supported by staff that understood and acted in accordance with the provider's values.

Staff recently contacted to the provider described the process of transfer as 'smooth' and 'supportive'. They felt the registered manager had provided a good level of support to them throughout this process. Staff also commented that the changes brought in by the provider

had improved aspects of the care people experienced. This included; improved communication systems, and a more person-centred approach to the way care was organised and delivered to promote people's independence and choice.

Team managers held monthly team meetings. A staff member said "Team meetings are useful for an overview of what's going on within the company. We also get lots of feedback explaining what you need to do to improve or if you have done something well". Records confirmed team meetings took place and we saw staff had discussed people's needs along with service changes, developments and procedures. Staff were supported through the processes of supervision and team meetings to know and understand what was expected of them in their role. Both team managers were available to staff on a daily basis and had a 'hands on' approach to people's care. This enabled staff and managers to have a shared understanding of people's needs and service issues. A staff member said "I see the team manager every day and I feel well supported, I can speak to them whenever I need to". Managers were available to staff and provided support and guidance to them in their role.

A staff member said "Well-led 100% everyone has been here 5 years plus and we don't have staff turnover. I like it here we are professional but we are also comfortable". Another staff member said "We've got a really good management team the team manager is great at supporting us and reminding us of things like training, she will badger us. It's a good place to work". Staff told us they felt confident managers would act on concerns and they were aware of whistle-blowing procedures.

A consultation report dated May 2015 had been produced based on feedback from people and their relatives about the quality of care people received at 5 Paddock Way. People were asked if they were happy with the level of support they received. This was in relation to; independence, health, activities, friendships, safety, where you live and your support plan. The results were compared to the results from the previous year. The responses evidenced that improvements had been made. For example; people and their relatives were more aware of the complaints procedure. The registered manager

Is the service well-led?

commented that this had been given to people again following the previous year's feedback. People and their relatives were asked for their feedback and it was acted on to make improvements.

We reviewed two responses from a quarterly satisfaction questionnaire completed by a person receiving services at home and a family member or friend. The feedback was positive and complimentary. Responses had not yet been collated into a report and action plan. The information provided stated the person felt safe, involved and well supported and had not made any suggestions for improvements.

A service improvement plan was in place for the service. Improvement actions were based on the outcomes of service reviews, improvement suggestions from staff and people and best practice guidance. Actions for improvements were being carried out by a range of stakeholders. Stakeholders are people who have an investment in how the service is delivered. This included; managers, the provider's central functions staff, people who use the services, staff and the housing associations that provided the buildings people lived in. We saw for example, that people using the provider's services were involved in a group called 'The Working Together Group'. This group also included; senior managers, team managers and staff. The group was working towards making improvements to the support planning and risk assessment processes. Through this forum people who used the provider's services were contributing to the development of tools used in the support planning process. This would help to ensure they were relevant and effective in meeting the needs of people who were being supported. This meant people and staff were involved in making improvements to the service.

There were regular reviews of incidents and accidents, complaints and safeguarding concerns. Incidents were reviewed by the registered manager and by the provider to ensure appropriate action was taken. We reviewed the safeguarding, accident and incident reports and saw that action had been taken in response to prevent a reoccurrence.

A peer audit was completed by a manager from another of the provider's services bi-monthly. The audit monitored the service against the fundamental standards. The fundamental standards describe the standards of care people can expect to receive and below which care must not fall. The fundamental standards are supported by the Health and Social Care Act Regulations 2014. We discussed the actions taken in response to the findings and were told these were completed. However the audit record did not include written confirmation that actions had been completed or checked. Where actions were not checked as carried out improvements to the quality of service people received may not be completed. The registered manager has taken action to address this.

A cycle of monthly quality assurance audits was completed by team managers and monitored by the registered manager to ensure actions were completed. These audits included; environmental health and safety checks as well as checks on; medicines management, information management, and people's support plans and risk assessments. Whilst we saw these audits resulted in actions for improvement and these were completed we noted that audits did not identify all actions required. For example, we found some medicines recording errors. Whilst these errors had not resulted in missed doses of people's medicines the errors had not been identified. The registered manager took immediate action to address this and introduced a weekly audit to ensure improvements were identified and managed appropriately. This included weekly checks with regard to; safeguarding, incidents, medicines administration records, complaints, service user's finances, staff supervision and fire safety. Because the weekly process was introduced at the time of our inspection it was too early to comment on its effectiveness.

Records were stored securely, protecting confidential information from unauthorised persons, whilst remaining accessible to authorised staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The provider had not carried out procedures to ensure people were not deprived of their liberty for the purpose of receiving care and treatment without lawful authority. Regulation 13 (5)