

Dimensions (UK) Limited

# Dimensions 21 Searing Way

## Inspection report

21 Searing Way  
Tadley  
Hampshire  
RG26 4HT

Tel: 0118 981 7929

Website: [www.dimensions-uk.org](http://www.dimensions-uk.org)

Date of inspection visit: 7 and 9 July 2015

Date of publication: 19/08/2015

### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

The inspection took place on 7 and 9 July 2015 and was unannounced. Dimensions 21 Searing Way provides residential care and accommodation for up to five people with learning disabilities and/or autistic spectrum disorder. At the time of our inspection five people were living in the home.

The home was a single storey building, with wide corridors and hand rails throughout to provide safe access for wheelchairs and to support those with mobility needs.

The home had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

# Summary of findings

At the last inspection on 18 and 23 June 2014 we identified a breach of the regulations. We required the provider to take action to make improvements to ensure that risk assessments and plans of care were updated to reflect people's current needs.

The provider had taken steps to ensure people's support plans had been reviewed and regularly updated as changes were identified. Risk assessments had been completed and reviewed to ensure all risks identified were addressed to promote people's safety. People's support plans included staff guidance to ensure they understood people's needs and wishes, including emergency support when required.

People were protected from potential harm, as the provider had completed all the recruitment checks required for new staff. However, the provider's recruitment policy was not sufficiently robust to ensure these checks would always be completed in line with the requirements of the Regulations. The provider assured us they would review their recruitment policy to ensure it met these requirements.

People were protected from the risk of abuse, because training ensured staff were able to identify indicators of abuse. Staff understood and followed the provider's safeguarding policy, and had confidence that concerns would be addressed appropriately to protect people from potential harm.

Risks that may affect the safety of people, staff or others had been identified, and measures put into place to reduce the risk of harm. Regular checks and servicing ensured equipment used was safe for use, and staff followed guidance to ensure they used equipment safely.

People's needs had been assessed to identify a suitable staffing level to ensure their safe support. Rosters were managed to provide a balance of staff skills and experience to meet people's needs safely.

Medicines were stored and administered safely. Staff training, competency checks, audits and procedures ensured that staff followed safe practices when administering people's medicines.

The provider's training programme ensured staff had the skills to meet people's needs effectively. This included

training specific to people's identified needs, such as awareness of epilepsy and safe use of hoists. The provider ensured staff demonstrated the skills required to support people through competency assessments.

Staff were supported through a programme of meetings and appraisals to discuss concerns and aspirations. Comments from relatives and peers were shared to enable staff to reflect on the impact of their actions on others.

Staff understood and implemented the principles of the Mental Capacity Act 2005. A decision-making agreement ensured staff involved people appropriately in decisions about their health and support, including day to day decision-making. The registered manager had applied for Deprivation of Liberty Safeguards for people in accordance with legal requirements.

People were supported to maintain a healthy diet. Preferences and needs were met to ensure people's nutrition was sufficient, and dietary requirements and health professional guidance were followed to ensure people were supported to eat safely.

People's health and wellbeing was promoted through regular and as required health appointments. Staff followed guidance and instruction from health professionals to ensure they effectively supported people to maintain their health.

Relatives stated staff were caring, and staff spoke of people with affection. They took care to involve people in decisions as much as possible, and supported people to maintain friendships that were meaningful to them. They promoted people's dignity through respectful interactions.

People were supported to participate in a range of activities in the home and local community. Relatives were welcomed into the home, and informal gatherings and meetings arranged for people and their relatives to encourage feedback. Complaints were managed in accordance with the provider's complaints policy. An electronic complaints log ensured accountability and resolution of concerns raised.

Staff described the registered manager and assistant locality manager as supportive and available. Senior management supported the registered manager to

# Summary of findings

resolve issues, and audits were used to identify and address areas of improvement required. Staff shared learning and experience to drive ambitions to provide high quality care for people.

# 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 not always safe.

The provider's recruitment policy was not sufficiently robust to ensure it met all the requirements of the Regulations. However, appropriate recruitment checks had been completed to ensure people were not placed at risk of harm from unsuitable staff.

People were protected from the risk of abuse, because staff followed the provider's safeguarding policy to report and address concerns.

People were protected against risks associated with medicines and the environment through appropriate checks and records. Risks that may affect people's health had been managed to protect people from harm.

People were supported by a sufficient number of skilled staff to meet their identified needs safely.

Requires improvement



### Is the service effective?

The service was effective.

People were supported effectively by staff who were trained to meet their physical and health needs. Staff were supported through regular meetings to ensure they had the skills and understanding to support people effectively.

Staff understood and implemented the principles of the Mental Capacity Act 2005.

People's dietary needs and preferences were met to ensure they were not at risk of poor nutritional health. People were supported by health professionals to maintain their health and wellbeing.

Good



### Is the service caring?

The service was caring.

People were treated with care and affection. They were supported to maintain friendships and relationships that were important to them.

People's communication methods were understood, and staff sought ways to engage meaningfully with them.

People were treated respectfully, and staff ensured their dignity was promoted when providing personal care.

Good



### Is the service responsive?

The service was responsive.

People's support and care needs had been reviewed and updated to ensure they received the care they required.

Good



# Summary of findings

Staff understood each person's preferred activities, and planned their daily routines to accommodate these wishes.

People were not always able to voice concerns, but relatives' feedback was welcomed and listened to. Staff endeavoured to meet relatives' wishes and address their concerns.

## Is the service well-led?

The service was well-led.

Staff delivered care and support in accordance with the provider's values of respect and person-centred care.

Management support enabled staff and managers to deliver effective leadership and decision-making.

Systems were in place to audit and review the quality of care people experienced. Where issues had been identified, actions had been implemented to drive the improvements required.

Records were held securely. Only those authorised to do so had access to them.

Good



# Dimensions 21 Searing 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.

The inspection took place on 7 and 9 July 2015 and was unannounced.

Before the inspection we looked at previous inspection reports and notifications that we had received. A notification is information about important events which the provider is required to tell us about by law. We reviewed information shared with the Care Quality Commission (CQC) by commissioners of care and health professionals, the local authority's safeguarding team, and

the Provider Information Review (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection people were unable to tell us about their experience of the care they received. We observed the care and support people received throughout our inspection to inform our views of the home. We also spoke with five relatives of four people living in the home to gain their views of people's care. We spoke with the registered manager, assistant locality manager, and three support workers.

We reviewed three people's care plans, including their daily care records, and five people's medicines administration records (MAR). We looked at four staff recruitment, support and training records. We looked at the working staff roster for four weeks from 8 June to 5 July 2015. We reviewed policies, procedures and records relating to the management of the service. We considered how relatives' and staff's comments and quality assurance audits were used to drive improvements in the service.

# Is the service safe?

## Our findings

At the time of our inspection, the registered manager was unable to access all the recruitment records to demonstrate that the requirements of the Regulations had been met. We were not able to review applicants' full employment history. Other recruitment checks, such as proof of applicants' identity, investigation of any criminal record and declaration of their fitness to work, had been satisfactorily investigated and recorded. Evidence of applicants' good character had been sought from their relevant previous employment positions in health and social care. The registered manager explained that the applicants recently employed had been known and recommended by staff already employed by the home, giving further reassurance of their suitable character.

The registered manager was able to supply evidence of applicants' full employment history shortly after our inspection, including investigation and documentation to explain any gaps in employment. This meant that the requirements of the Regulations had been met. However, the provider's policy only required applicants to provide details of their previous ten years of employment. Not requiring a full employment history was contrary to the requirements of the Regulations. When we raised this with the provider, they assured us that they would take actions to ensure they met these requirements.

Although the provider's recruitment policy was not sufficiently robust to meet the requirements of the Regulations, actions had been taken to ensure people were not placed at risk due to employment of unsuitable staff.

Relatives told us they felt people were kept safe from harm. One relative said "I trust the staff completely". The provider's training and safeguarding policy provided staff with guidance to ensure they were able to recognise indicators of abuse, and understood the procedure to report concerns. Staff were confident that concerns would be dealt with appropriately by the registered manager. The provider's whistle blowing policy and contact numbers were displayed for staff reference. Staff told us they would use these if safeguarding concerns were not addressed appropriately. The registered manager understood the process to notify the Care Quality Commission (CQC) and local authority safeguarding team of any safeguarding issues. These actions protected people from the risk of abuse.

Risks to people's safety had been identified, and measures put in place to reduce the impact or remove identified risks. Individual fire escape plans, and day and night evacuation plans for the home, ensured people could be moved to safety in the event of a fire or other emergency. Staff attended regular drills, and evaluated their response to fire drills and alarms to ensure safe actions were implemented. Where an issue was identified, the drill was repeated at a later date to ensure learning was demonstrated. This protected people from the risks of unsafe actions in the event of an emergency.

Fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly to ensure they were in good working order. Other checks in the home, such as hoist servicing, gas and electrical safety certification, and water checks to ensure people were protected from the risk of Legionella disease, ensured people and others were protected from environmental risks in the home. Legionella is a water borne bacteria that causes illness.

Specific risks affecting individuals had been identified and measures taken to reduce the risk of harm. For example, staff were trained and their competency assessed to ensure they transported people in the home's vehicle safely. Techniques to safely support people to mobilise were reviewed by the physiotherapist to ensure people and staff were not placed at risk of harm.

Staffing levels had been reassessed since our last inspection. It had been identified that two people required one support worker each throughout the day to meet their needs, and at times required two staff to ensure they were mobilised safely. The needs of the other three people living at 21 Searing Way could be safely met by a further two support staff. Rosters demonstrated that this staffing level was planned and delivered.

Relatives felt the increased staffing was an improvement in order to meet people's needs, but was not always sufficient to fully support people to participate in or attend a wide range of activities, or provide dedicated care exceeding what was required to meet the needs of all people. One relative told us the requirement for staff to cook and clean meant they were "Under too much pressure" and "Didn't have the time" to interact with people at all times. Another relative said staffing levels were "Usually good, but occasionally dropped", with a reliance on agency staffing. We did not observe that the staffing ratio put people's safety at risk.

## Is the service safe?

The registered manager stated “Staffing works with four”, and staff were confident that they had the skills, training and staff levels to meet people’s needs safely. The requirement for agency staff had been reduced, as some agency staff were now employed directly by the provider. Where agency staff were still used, the registered manager sought to ensure that regular agency staff were used. This ensured that they understood people’s needs. Agency staff were required to demonstrate specific training certification in mandatory topics such as safeguarding people and moving and handling, and attend an induction in the home, to ensure they possessed the skills required to support people safely. This ensured people were supported by a staff team that understood and met their diverse needs.

Rosters were managed to ensure sufficient staff experience and skills were balanced on a daily basis to promote people’s safety. A dedicated staff member was allocated to people requiring one to one assistance. During our inspection staff did not appear rushed. They had time to spend interacting with people on a one to one basis. People were supported safely by an appropriate number of skilled staff to meet their identified needs.

People’s medicines were stored and administered safely. Staff completed training and competency assessments before they were permitted to administer people’s medicines. Medicines were checked and administered by two staff at all times, to ensure that safe procedures were followed. Medicines were stored in a locked cupboard, and labelled for each person’s use, with the date at which each medicine was opened where appropriate. Each person’s

medicines administration record (MAR) was checked before medicines were administered, and signed once the person had taken their prescribed medicine. There were no gaps in the records, which indicated that people received their prescribed medicine in accordance with their prescription.

Staff explained to people what the medicine they were offered was for, and ensured that medicines were swallowed. Time specific medicines were administered appropriately to ensure they were effective in addressing people’s health needs. Medicines only given in response to indicators that people needed them, for example if they were in pain, are known as PRN medicines. Records indicated that these had been administered appropriately in response to people’s known indicators, and following advice and prescription from the GP or other health professional.

When people went out to attend activities, staff understood which medicines they had to take with them to ensure people received their planned medicines. Rescue medicines, used to treat known health conditions such as epilepsy, were available in the home and taken on outings for use in the event of an emergency. These medicines were signed out, and MARs and audit checks documented whether these had been administered or returned. Disposal of wasted, out of date or unwanted medicines was arranged with the pharmacy. Weekly stock checks ensured that medicines were accounted for, and identified any errors in administration. These measures ensured people were protected from the risk of harm due to unsafe administration of medicines.



# Is the service effective?

## Our findings

New staff completed a 12 week induction into the service. This was in accordance with the Common Induction Standards, a nationally recognised induction programme that ensures staff gain the skills required to deliver safe care and support. During this time they shadowed experienced staff to learn people's specific care needs and how to support them, as well as completing training in accordance with the provider's required training programme. One support worker had experience of supporting people in another home. They were shadowing staff to ensure they "Got to know" the people living at 21 Searing Way, and were able to meet their needs and wishes effectively before working alone with them. We observed staff explaining routines and safe procedures to follow to promote people's safe and effective care. Staff told us they were required to "Follow the rules", and ensured they did so.

The registered manager had identified that staff had struggled to complete the induction programme within the 12 weeks allocated, as there was not always time to complete training during working shifts. They were in the process of changing the induction roster to provide additional time to ensure all learning could be completed. Regular reviews between the manager or assistant locality manager and new recruits provided opportunities to review progress and address any concerns or issues. This ensured staff gained the skills and knowledge required to support people effectively.

Staff told us the provider was "Very hot on training". Required training included mandatory topics such as safe mobilising, first aid, protecting people from abuse, and nutrition. Electronic training was followed by a test to evaluate staff's learning. Staff were required to meet a 100% pass rate before they were assessed as understanding the course. Practical training, such as administering medicines, use of hoists and managing people's epilepsy, was delivered in the home or a classroom setting. Staff competency was assessed before staff were permitted to provide practical support to people in these areas.

Staff stated the electronic system they used reminded them when training was due to be refreshed, and they had opportunities to do so. A training matrix demonstrated that staff training was mostly up to date. Six staff had not yet

completed their induction, and one bank worker had not refreshed their safeguarding training. Actions were in hand to ensure staff completed their induction training, and the registered manager confirmed that the bank worker would not be allocated any further shifts until their training had been updated. Roster management to pair experienced staff with those still completing training ensured people were not placed at risk of ineffective care by untrained staff.

The registered manager stated the provider's learning and development team were "Pretty responsive to planning training to meet people's needs". Staff supported each other by discussing and sharing learning. For example, one support worker was trained to teach Makaton, and taught other staff in the home. Makaton is a language programme that uses signs and symbols to help people to communicate. This ensured that staff had the skills and training required to meet people's specific needs.

Staff told us, and records confirmed, that they attended monthly supervisory meetings, and an annual appraisal review. These provided opportunities to discuss concerns, personal issues and aspirations. Appraisals included feedback from relatives and peers. These comments were shared to enable staff to reflect on the impact of their actions on others. Staff told us "The manager listens" to them. They could raise issues or concerns with managers at any time.

Staff demonstrated their understanding of the Mental Capacity Act (MCA) 2005 in their actions whilst supporting people. They assisted people to make choices about meals and activities, and understood the process of best interest decision-making on behalf of people when they lacked the capacity to make specific decisions, for example about their health care.

People's support plans reminded staff to encourage individuals with decision-making and choices, and included a person-specific decision-making agreement. This recorded how each person should be involved in key decisions, such as what they wore, activities they participated in, staff recruitment and support, and medical decisions. It recorded others who should be involved to support their decision-making, such as relatives and health professionals, and when a best interest decision was appropriate. The staff meeting in May 2015 included discussion of the MCA 2005 and Deprivation of Liberty Safeguards (DoLS), to ensure staff understood and followed the principles of these requirements.

## Is the service effective?

CQC is required by law to monitor the operation of DoLS, and to report on what we find. DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive a person of their liberty where this is a necessity to promote their safety. The DoLS are part of the MCA 2005 and are designed to protect the interests of people living in a care home to ensure they receive the care they need in the least restrictive way.

The registered manager had reviewed whether people required DoLS applications in light of legal changes, as the home used restricting equipment to promote people's safety, such as wheelchair lap belts and handling belts to promote safe mobilisation. They had applied for and been granted DoLS for all the people at 21 Searing Way. Support plans included staff guidance on safe and least restrictive use of equipment that restrained people. This meant people were only restricted in a lawful way, using practices that were of the least restraint to promote their safety.

People were supported to eat healthy meals that they enjoyed. Relatives told us staff were caring and patient in ensuring that their loved ones received sufficient nutrition to maintain their health. Staff followed NHS guidance on balanced and healthy options, and recommendations from health professionals, such as the GP and speech and language therapist, to ensure meals were appropriately textured and provided safely for each individual. For example, one person required a soft diet provided in very small mouthfuls, and another required percutaneous

endoscopic gastrostomy (PEG) feeding. PEG feeding is a form of tube feeding for people who are unable to or have difficulties in swallowing. All staff were trained in food hygiene, and how to provide PEG feeding safely.

Guidance on safe types of foods and food preferences for each person were held in the kitchen, and staff followed these guidelines. Staff explained they chose a weekly menu with people. "They indicate with their eyes what they fancy" if they were unable to point to their preferred choice. One person did not enjoy the meal choice provided. Staff quickly provided an alternative that they knew was a favourite, to ensure that they were not hungry. People's weight was monitored to ensure their weights remained stable, indicating suitable nutrition was maintained.

People were supported to attend planned health care appointments. Staff told us the GP knew people well, and was responsive if staff requested an emergency appointment. The daily diary logged planned appointments to ensure staff were aware of these, and arranged transport to attend. Changes to medication or care advised from these appointments was documented in the person's support plan, and staff informed through handovers and updates in the communication book.

People were supported by a range of health care professionals, including a physiotherapist and aromatherapist, who visited the home regularly, and an epilepsy consultant. Staff liaised with health professionals to maintain people's health. Regular visits and health checks, for example with the GP and dentist, helped people to maintain their health and wellbeing.

# Is the service caring?

## Our findings

One relative told us “It’s a wonderful home, a wonderful place for [my loved one] to live. I couldn’t wish for a better place. They are happy there”. All the relatives told us staff cared about their loved ones, and staff described the home as “Like a little family”. Staff told us they missed people when they were visiting family or on holiday.

Staff spoke about people with kindness and affection, describing individuals as “A delight”, and “Full of fun and mischief”. One support worker told a person that they looked “Stunning” in the outfit they had chosen to wear that day, promoting the person’s self esteem.

Although the home was often quiet, staff involved people in daily activities such as cooking and cleaning, and included them in conversations. Staff ate their meals in the kitchen with people. One support worker told us “People here like to be part of things”. We observed people appeared to listen to conversations, and sometimes indicated their preference to remain in a social environment, or indicated their wishes to move to a quieter area. Staff were responsive to their wishes. The kitchen was the hub of activity, and had sufficient space for people and staff to gather together.

People’s arts and crafts were displayed in the home. This demonstrated that people’s achievements and talents were recognised and valued. Friendships had been developed in social clubs and at another home managed by the registered manager, and staff ensured regular visits supported people to maintain friendships that were important to them. Families were welcomed to visit, and staff assisted with trips to maintain family relationships.

As well as photos of people displayed in the home, photos of and information about staff were also displayed in reception. This meant people’s visitors could get to know a little about the staff supporting their loved ones. Key staff

supporting people were matched with similar interests where possible. This promoted understanding, rapport and communication topics between people and those supporting them. Part of the home’s recruitment process was to invite applicants into the home, and observe their interaction with the people living there. This ensured that people were involved in the recruitment process, and new staff displayed the skills required to interact in a caring manner with people.

The registered manager explained that staff were building on communication techniques with people, including the use of Makaton and an electronic tablet to promote engagement and provide a range of communication options. We saw little Makaton signing during our inspection, but guidance was available around the home to promote its use. We observed staff ensured eye contact and engagement before asking people questions, and checked their understanding of responses to ensure they followed people’s wishes where possible. They explained the actions they were taking to people, such as activities planned, medication provided or meal options. People’s support plans guided staff on how to initiate choice, motivate people and promote engagement, and staff followed this guidance.

People’s independence was promoted as far as possible. Plate guards were used to assist those able to use cutlery to eat their meals unsupported. Each person had been encouraged to decorate their room in the colours and furnishings of their choice.

Relatives told us people were treated with dignity, and staff respected people’s privacy. Personal care was provided in the person’s room behind closed doors. One person enjoyed spending time alone in their room, but was able to use the call bell to request staff support or socialisation as they wished. This ensured people’s privacy and dignity was appropriately maintained.

# Is the service responsive?

## Our findings

The provider had taken actions to address the regulatory breach identified at our previous inspection in June 2014 regarding reviewing and updating people's plans of care, and assessing and reviewing risks associated with their care needs. Each person's plan of care and support had been reviewed within the previous 12 months, and updated as changes were identified. Risks associated with people's health conditions, care needs or daily routines and activities had been addressed, with actions implemented to reduce and manage potential harm.

The registered manager told us they kept people's support plans "As live as possible" to reflect people's current needs and wishes. Staff told us people's support plans were reviewed "Quite often. We have to refer back to the support plans to see updates". Staff were required to sign updated records to indicate that they had read and understood the changes. All new and updated risk assessments and support plan entries had been signed by staff.

The registered manager explained "We think about what people can do, and do more of that, not [concentrating on] what they can't do". One person's health condition affected their mobility. Staff worked in conjunction with a physiotherapist to support this person safely. Their support plan guided staff in actions to promote their mobility through the use of massage and hydrotherapy. The person's activity planner reflected these actions to maintain their mobility. A log had just been started to monitor changes to their mobility, recording times and days that they were able to walk, and occasions when their mobility was more restricted. This would provide data to review the effectiveness of actions taken.

Support plans included guidance to manage people's epilepsy. This included rescue medicines appropriate to use in the event of a prolonged seizure, and indicators of when emergency intervention was required. Conditions affecting each person were documented, with normal and abnormal indicators documented to guide staff to recognise when people experienced ill health. Support plan headings included 'What's working' and 'What's not working', to ensure staff followed procedures that promoted people's health.

People's preferences and wishes were recorded under headings such as 'How to support me well' and 'What makes a good or bad day'. This information ensured staff provided people's care and support in response to their identified needs and wishes.

Staff identified daily risks that may affect people's wellbeing. People attending an activity had been caught in a rain shower. On their return to the home, they were immediately assisted to put on dry clothes, to ensure they were not chilled. People's preferences were understood. For example, one person was allowed to sleep in until they chose to get up in the morning during our inspection, although this slightly delayed their first planned activity. They re-arranged plans to meet this person's wishes to sleep in. Staff were responsive to daily changes that may affect people's wellbeing.

Relatives told us they were involved in people's annual support reviews. Staff documented how people had been involved. Some people attended their support review, whilst others indicated they did not want to be present. Support plans documented how these people were informed of any actions or changes later. Relatives had a mixed view of people's reviews. One relative said reviews were "The same year on year. We don't really achieve any progress. I think it's pointless, nothing seems to happen", whilst another stated staff "Know X inside out" and supported them to do the things they enjoyed. The registered manager explained considerations of changes to people's activities or communication plans in response to their care reviews. This indicated that changes were implemented in consequence of these meetings.

Staff told us communication within the home was effective, and this ensured people received the care and support they required and wished for. Support plans noted how relatives were informed of changes in people's conditions, planned activities and day to day events through emails, newsletters and informal gatherings, but relatives' comments indicated that this was not always sufficient to keep them up to date and informed. Relatives told us they would welcome regular feedback on people's daily activities to be reassured that they received their planned care. Several relatives referred to people's days as "Under stimulated".

There were periods during the day when activities were sparse or passive. Staff and people often gathered in the kitchen, and spent time together with staff chatting. People

## Is the service responsive?

appeared to enjoy the rhyming stories staff read to them. However, these activities provided little opportunity for people to actively participate. This may have contributed to relatives' views that activities "Lacked stimulation". One person walked away when they did not enjoy the story reading, but people in wheelchairs did not have this option. Staff were able to gauge people's engagement, and tried different stories or activities to capture people's attention.

Other activities within the home, such as pampering sessions, cooking and aromatherapy, were often quiet and subdued, which met some people's needs. However, staff were aware that others enjoyed a more boisterous environment. For those enjoying more noisy stimulation, percussion instruments were provided, and people were encouraged to play these to accompany the radio. The lounge was in the process of being set up to provide a sensory environment for people to relax in. This included a futon, to enable people who spent a lot of time in their wheelchairs to stretch out in a room other than their bedroom. A wide range of activities outside of the home had been identified, including visits to cafes, walks to a local park with a wheelchair accessible swing, carriage riding, swimming, cycling and cinema trips. People were supported to attend church services, and a musical entertainer visited the home.

Staff said people "Enjoyed being out and about". People's activity plans ensured they attended activities in the local community daily, and support plans recorded people's preferred activities. Local events, such as fetes and shows, were noted in the diary, to ensure staff were informed of different events to visit. The staff roster was balanced to ensure sufficient staff drivers were available to meet people's planned days. At the time of our inspection two vehicles were used. One provided transport for people who were able to walk, but the other vehicle could only transport only one wheel chair user at a time. A new vehicle was due shortly to replace both vehicles. This would ensure several wheelchair users could travel together to venues, and would allow one driver to escort several people to varied events in one trip.

Staff were using an electronic tablet to communicate with one person. This had been purchased by their family. Staff had downloaded games the person appeared to enjoy, with stimulating colours and sounds. Actions were in place to develop effective communication methods between this individual and staff to better understand their wishes and

needs. Staff understood when people required encouragement to participate in activities, and knew each person's preferences, such as those who enjoyed sitting out in the sun. They recognised factors affecting people's mood or health, such as tiredness or heat. Staff were responsive to people's identified and changing needs and wishes.

Relatives told us the registered manager dealt with concerns "Professionally", and staff responded to issues raised. However, they did not always feel that required actions to address their concerns were maintained and embedded into practice. One relative commented "The willingness is there, but not the time". They brought any concerns to the attention of staff, and acknowledged that actions were taken to address issues raised. However, they were not assured that these improvements were always maintained. Another relative described how staff had stopped an unsafe practice immediately when it was brought to their attention by relatives. The registered manager demonstrated that any issues raised were addressed, for example through sharing concerns with staff, or reviewing people's support plans, to make and maintain the actions required. Support plans reminded staff to attend to the issues raised by relatives, to drive sustained implementation of the actions required.

The provider's complaints policy was displayed in the home's reception to ensure visitors were aware of the procedure to follow. Concerns and complaints were logged electronically, so that actions taken to address them could be monitored and reviewed by the registered manager and the provider's quality auditors. This ensured that appropriate actions had been implemented to address concerns raised, in accordance with the provider's complaints policy. Only one complaint had been logged since our previous inspection. An investigation had determined the likely cause of the concern, and the registered manager explained the actions taken to resolve the matter to the satisfaction of the complainee.

Relatives were invited to meetings in the home, and the registered manager spoke of a recent picnic in a local park with people, their relatives and staff. This provided an informal gathering to enjoy time together and promote understanding and communication between all parties. A range of opportunities were provided for relatives to raise complaints informally or formally to address identified concerns, and the provider took appropriate actions to resolve these.



# Is the service well-led?

## Our findings

The provider's staff handbook noted the values they expected staff to display. These included the courage to make a difference to people's lives, promoting choice, equality and diversity, and respecting people. These values were recognised and promoted through actions including staff awards, and the provider's code of conduct. The registered manager described the provider's ethos as "Seeking continual improvements". They sought to promote this through supporting people to develop their skills, and explained how they were working with staff to improve communication methods with one person to better understand and meet their wishes and desires. They told us people's person-centred support plans were a driver to ensure "We don't miss anything".

Staff displayed the provider's values. They were respectful when chatting to or about people. They spoke of people's needs and wishes with confidence, indicating that they knew and understood each person's differences and talents. Communication methods, such as handovers and diaries, were used appropriately. For example, confidential information was held in locked cabinets or password protected electronic records. Entries in the diary were written respectfully to colleagues, reminding them of required actions or planned activities and visits. Staff shared learning and good practice when working together, providing this in a manner that encouraged development and guided less experienced staff without demeaning them.

A relative had been invited to speak at a staff meeting in May 2015. They had explained the condition their loved one lived with, and how this impacted on their daily life. Staff told us this had had a powerful effect on them. It had improved their understanding of the condition and how best to support the individual.

The registered manager explained how the provider's managerial team supported them with advice and resolution of issues that they had been unable to address to relatives' satisfaction. The registered manager told us senior managers had "Built bridges" to promote effective communication channels when changes to the provider's managerial structure had concerned relatives. The registered manager and provider continued to try to ensure effective communication with and satisfaction from relatives through emails, phone calls and meetings.

Relatives were mostly positive about the management of the home, although one relative told us they were concerned staff sometimes "Lacked ownership and leadership" when the registered manager was absent. Although the registered manager was not always at this home, as they also managed another home nearby, staff did not feel this impacted on people or staff support, as the assistant locality manager was present to provide managerial guidance. The registered manager told us staff "Stepped up" when she was not present, as this encouraged staff to identify solutions to problems.

Staff spoke positively about the managerial support they experienced. They told us the registered manager was "Only a telephone call away" when not on site, and described the manager and assistant locality manager as "Supportive and encouraging". They told us any issues were dealt with promptly and appropriately.

The registered manager explained that they ensured the office door was open to ensure staff could discuss issues with them at any time. Monthly staff meetings provided an opportunity for staff to share issues, learning and developments. Minutes from a meeting held in May 2015 noted discussion of a more flexible working practice to ensure people were able to attend their planned activities. There were appropriate measures in place to ensure staff were supported to provide effective care and support for people.

Staff progress was encouraged by the provider, as they promoted talent within the organisation through a programme to develop managerial skills. One support worker told us "We work together, and communicate well". They explained how issues and learning, such as the previous CQC report, was shared to drive improvements to people's care. An agency worker stated "People have outstanding care here". Staff were reminded to read and sign the provider's policies and procedures, to ensure they were aware of current guidance.

Quarterly audits were conducted by the provider's quality audit team. These reviewed areas including staff support, medicines administration, observation of support and reviews of planned care and support. An audit dated 8 June 2015 identified some inconsistency in medicine administration records, and training refreshers required. At our inspection we found these issues had been addressed. This demonstrated that the audit was effective in identifying issues and driving improvements. The

## Is the service well-led?

registered manager described these audits as a “Useful tool”. They used information from the audit to develop a service improvement plan. This logged areas of development required, and progress towards completion. Most of these entries had been completed at the time of our inspection, indicating that the actions identified had mostly been addressed.

Electronic logs for complaints, accidents and incidents enabled senior management oversight and review of any actions taken in response to these events. This ensured that required actions had been taken to address issues,

and encouraged identification of any trends within and across services. Actions required following quarterly audits, and progress of the development plan, were reviewed at each audit. If required actions had not been completed appropriately in accordance with the provider’s procedures, this was escalated appropriately, for example through performance management. Monthly manager care briefings ensured any service or organisational learning was shared within and across services to drive improvements to the quality of care people experienced.