Consensus Support Services Limited

Strawberry Fields

Inspection report

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West Sussex
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19 July 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 18 and 19 July 2017 and was unannounced.

Strawberry Fields provides care and accommodation for up to 10 people with a learning disability. There were eight people living at the home when we inspected and they ranged in age from 24 to 52 years.

All bedrooms were single and each had an en-suite bathroom with a toilet. The home has two lounges and a separate dining room which people used.

The service was previously inspected on 31 May and 1 June 2016; the service was rated as Requires Improvement and we served three requirements notices regarding the following:
•□People were not always protected from abuse.
•□The premises were not well maintained, clean or suitable for their intended purpose.
•□A lack of effective systems and processes for assessing, monitoring and improving the quality and safety of the service, including accurate record not being maintained.□

This inspection was carried out to check on how the provider was making progress on meeting these requirements. The inspection was also prompted by notifications received by us regarding the safety of people and staff.

The provider sent us an action plan of how the requirements made as a result of the inspection of 31 May and 1 June 2016 would be met. At this inspection we found action had been taken to meet these requirements. However, this was not always sufficient as the safety of people at the service remained a concern. Adequate action had not been taken by the provider's management in response to incidents to ensure the safety of people and staff. The service has been rated as Requires Improvement at the last two inspections as well as this one. There has been a repeated failure to meet Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding systems and processes to assess, monitor and improve the quality and safety of the service. There has also been a repeated failure to meet Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the protection of people from abuse.

At the time of the inspection the service had a registered manager who was shortly to leave the service and would be applying to cancel their registration with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had made arrangements for a new manager to take over on an interim basis. This manager was already in post at the time of the inspection and was experienced in care home management as well as being familiar with the service. The manager was due to apply for registration with the Commission.

For many people living at the service there had been a reduction in the number of incidents of challenging behaviour which required staff intervention. However, we judged that since the last inspection in June 2016 incidents of behaviour had not been responded to effectively and did not ensure staff and people were safe.

Liaison and communication with health and social professionals took place regarding the management and review of challenging behaviour.

People and their relatives told us that safe care was provided. During our inspection, one person complained about being hurt by another person at the home. The person was given assurances of action that would be taken and signed a form to acknowledge that their complaint was dealt with.

Incidents of aggression and violence did not always result in the timely review of care and staffing to ensure the safe care of one person. Staff expressed concerns about safety in the home. Staff did not feel the training they received in dealing with challenging behaviour fully equipped them to provide safe care.

The provider had not notified the Health and Safety Executive of one injury to a staff member within the required timescales as required by Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Improvements had been made to the environment since the last inspection but we found areas where further work was needed to create a suitable and safe environment for people. We have made a recommendation regarding this.

At our last inspection, we identified that the provider did not have systems and processes fully established to assess, monitor and improve the quality and safety of the service. At this inspection, we found that improvements had been made. There were audits and checks but these did not always result in improvements being made. There were continued risks to people's safety. Whilst the provider said they had looked at their actions regarding the care of one person, and there was evidence of care reviews, this had not effectively prevented risk of harm to people at the service. We found improvements were needed to ensure that previous requirements were fully met and to ensure safety at the service.

The system for the induction of newly appointed staff included a period of shadowing more experienced staff as well as attendance at training courses. While staff confirmed they received an induction, they told us that this was not well organised and that shadowing did not take place as intended. We saw one staff member's induction plan record that had not been fully completed, which meant that the provider could not assure themselves that all staff had the necessary induction to undertake aspects of their role safely. Staff received training in relevant courses and had supervision.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

Risks to people were assessed and care plans devised on how to mitigate these, which included the management of people's behaviour. We saw there were numerous examples of staff taking appropriate action to divert people from behaviours which were challenging. During the inspection we observed staff dealt appropriately and skilfully with two incidents of challenging behaviour as well as one person who was agitated. The staff actions were successful in calming people.

There had been vacancies at the home in the months preceding the inspection, and also new staff were used in response to the need to change numbers and deployment of resources following incidents of

violence. Staff told us that they did not always consider there were enough staff. Staff and some other stakeholders expressed concern at the turnover and high use of agency staff as this could have an impact on the quality and continuity of care. The provider had taken action to recruit more staff and said there were no current vacancies at the time of this inspection. Staff were assigned to work with people on a one to one or two staff to one person. These arrangements were recorded on staff duty rosters. During our site visit, we observed there were sufficient staff to meet people's needs and judged the service had enough staff to look after people safely.

People received their medicines safely.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to consent best interests meetings were held in line with the MCA guidance.
People were supported to receive adequate food and nutrition. Specialist diets and support were provided where this was needed.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular health checks.

Staff demonstrated a caring attitude to people who they treated with kindness and respect. Staff were committed to the welfare and well-being of people who they cared about. People were able to exercise choice in how they spent their time.

Each person's needs were assessed and this included obtaining a background history of people. Care was individualised to reflect people's preferences. Most of the health and social care professional we spoke with were satisfied with the standard of care, but two professionals expressed concerns that they were not kept informed about relevant incidents in a timely way.

People had access to range of activities based on an assessment of their social and recreational needs. These included access to community facilities, outings and holidays.

The complaints procedure was provided to people and their relatives. People said they had opportunities to express their views or concerns, which were listened to and acted on. There was a record to show complaints were looked into and any actions taken as a result of the complaint. We observed the operations manager discussing a complaint with one person. The operations manager listened and acted on what the person said.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered providers to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Incidents involving the behaviour of people have decreased, but concerns remained at care practices regarding one person which had negative outcomes for people and staff.

Staff were deployed to meet the needs of people on an individual basis. However, the review and deployment of staff following incidents was not always timely.

Newly appointed staff did not feel the induction was sufficient.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

People received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements have been made to the environment since the last inspection but we have made a recommendation for this to be enhanced so people have a more suitable environment.

Newly appointed staff did not feel the induction was sufficient.

Staff were trained in the MCA and DoLS. Where people lacked capacity this was assessed and applications for DoLS made where appropriate.

Staff received training as well as supervision. Staff said they were supported in their work.

People were supported to have a balanced and nutritious diet.

Health care needs were monitored. Staff liaised with health care

services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good

The service was caring.

Staff had good working relationships with people who they treated with kindness. Staff demonstrated they had a caring attitude.

Care was individualised and based on each person's preferences. Staff treated people with dignity and promoted their privacy.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was person-centred care to reflect people's preferences and needs.

A range of activities were provided based on the assessment of people's social and recreational needs.

The provider had an effective complaints procedure. Complaints were looked into and responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Incidents were not sufficiently investigated and reviewed as part of a system to assess and monitor quality and safety. There were audits and checks but these did not always result in improvements being made.

We found improvements were needed to ensure that previous requirements were fully met and to ensure safety at the service.

Staff felt supported in their work and said the management listened to what they said. Staff were committed to the promotion of the welfare of people.

Audits of medicines and health and safety were carried out

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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 was unannounced and took place on18 and 19 July 2017. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with three people who lived at the home and two relatives. People had limited communication so we spent time observing the care and support people received in communal areas of the home. We were not able to use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager, a behavioural practitioner for the provider, an operations manager for the provider, three care staff and two team leaders. We also spoke with the new manager who was working alongside the outgoing registered manager. We met with the provider following the inspection to discuss our findings.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for five staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke to a member of the local authority commissioning team and to five health and social care professionals who monitored the placements of five people who lived at the service. We spoke to two clinical psychologists who provided assessment, guidance and support regarding the care of people at the service.

Requires Improvement

Is the service safe?

Our findings

At the inspection of 31 May and 1 June 2016 we identified that the provider had not taken sufficient action to protect people from abuse. This was because of the number of incidents of aggression between people at the service, despite the interventions and presence of staff. We issued a requirement notice for this to be addressed and the provider sent us an action of how they would be meeting this. At this inspection we found evidence that there had been a decrease in the number of incidents of aggression between people. Health and social care staff who monitored people they placed at the service reported a decrease in the number of incidents of aggression. Records regarding the incidents of aggression or challenging behaviour where staff had to physically intervene were maintained for each person. These showed an improvement, as the frequency of incidents requiring staff intervention had decreased. For example, one person's records showed this occurred six times in January 2017 decreasing to one in June 2017. Another person's records showed a reduction of such incidents from eight in May 2016 to none in May 2017. Similar reductions were noted for another person. However, ongoing concerns remained regarding the safety to people and people remained at risk from abuse and improper treatment.

People and relatives commented that they considered the service was safe. During our inspection one person raised a concern to the staff and management of the home about violence and being hurt by another person. The person was given assurances of action that would be taken and signed a form to acknowledge that their complaint was dealt with. However, we found that people's safety had not always been protected due to a number of incidences which had occurred since the last inspection in June 2016.

This inspection was in part prompted by notifications we received from the provider regarding assaults by one person on both staff and other people in the home. This included notifications that one person had assaulted other people four times over a ten day period. This person no longer lived at Strawberry Fields. We also received feedback on our 'Your Experience' form raising concerns about staff safety and staff being assaulted by people at the home. Three staff members were assaulted on separate occasions each of whom required medical attention, two of which involved assessment and treatment at a local A&E department. The provider had made notifications to the local safeguarding team when incidents occurred. However, we remained concerned that the service was not always safe and that the needs of some people who had challenging behaviour were not always met. Staff were trained in dealing with people's behaviour and aggression, but this did not equip them for dealing with violence. For example, we saw records that one staff member had identified that the training for dealing with behaviour did not show them what to do if attacked from behind or if they were attacked when they were on their own with a person. Some staff told us that they felt unsafe or in some way unprepared for dealing with some incidents that took place in the home. For example, one staff member said they started work as part of the staff team following an induction but without completing training in dealing with challenging behaviour, adding they were not adequately trained to deal with behaviour where there might be physical contact with people. The provider told us staff were not assigned to work with people with these types of behaviour until they were trained in this. This meant, however, that staff without this training would be working in the vicinity where they would interact with people who had challenging behaviour. Documentation confirmed that one staff who was assaulted was not assigned to work with the person in question. Staff told us they were supplied with personal alarms for

such incidents. The registered manager said the alarms were available for staff in the office, but we found not all staff were aware of the alarms. For example, one of the team leaders was unaware these were available and said they had never seen them.

Health and social care professionals gave mixed views about whether the service provided safe care. For example, a social worker told, "It is safe. There are no incidents and he's thriving there." Five of the seven health and social care professional we spoke with were satisfied with the standard of care, but two professionals expressed concerns that they were not kept informed about relevant incidents in a timely way. Two clinical psychologists gave feedback about their joint work with the service and people who had behaviour needs. One psychologist said they were involved with the service in the summer of 2016 and said they noted positive improvements had been made.
The provider had not taken action to fully protect people from abuse. Systems and processes were not fully established and operated to prevent possible abuse of people. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and this is a continued breach from the previous inspection.

People and their relatives said the service provided safe care. For example, relatives commented that it is a "safe house." Another relative said staff were committed to providing a safe a home as possible. Staff raised concerns regarding safety of staff and people due to the needs of people but said this had improved as the makeup of the group of people living at the home had changed in the week preceding the inspection. For example, one staff member said, "The home was not safe at all, but now it's a safe place."

The service had safeguarding policies and procedures regarding the protection of people from harm. Staff were aware of their responsibilities to report any concerns of a safeguarding nature to their line manager and knew they could also make contact with the local authority safeguarding team. Staff confirmed they received training in safeguarding procedures and that this was part of the training considered mandatory to their role. The registered manager and staff made timely referrals to the local authority safeguarding team where there were concerns about the safety of people.

Despite the above concerns regarding the management of one person's behaviour there was detailed guidance for staff on how to deal with behaviours. These included techniques on how to calm people by creating the right environment and by using distraction techniques. Incidents were reviewed and there was evidence that staff intervention had resulted in people having fewer incidents where staff needed to use physical intervention. Staff were trained in dealing with people's behaviour by the use of a technique called MAYBO which emphasises the least restrictive or non- physical intervention to keep people safe. The technique is accredited with the British Institute of Learning Disability (BILD). People's care plans included details of triggers when challenging behaviour may take place and when the safe use of any physical interventions should be used. These were recorded to a good standard and showed people's rights to ensure the least restrictive physical intervention was followed. The provider called these 'proactive positive support strategies. Health and social care professionals who funded people at the service said the staff team dealt well with challenging behaviours and took action to mitigate behaviours of people. One funding authority said they reviewed their client's care records and care plans regarding behaviours which they said were of a good standard. This funding authority said their clients' behaviour had markedly improved to the extent the funding for staffing levels could be reduced. Conversations with staff and care records also showed examples of when staff worked well as a team to deal with an emergency.

Monitoring tools were used to record when people exhibited behaviour which challenged others as well as to record how the staff and management team reviewed incidents to see what could be learnt to reduce the chance of it reoccurring. The staff team were supported by a behavioural practitioner who reviewed the

incidents of behaviour for each person and advised staff on how to safely handle these situations.

We observed staff dealt with three incidents where people's behaviour required staff intervention. These involved staff, working as a team or on their own, to supervise people during the incidents, using techniques to divert and calm people. These had positive results in calming people and keeping them and other people safe.

Risks were also assessed regarding people being supported to safely access community facilities, sexual behaviours, mental health needs, risks of choking and of leaving the home without staff support.

There had been vacancies at the home in the months preceding the inspection, and also new staff were used in response to the need to change numbers and deployment of resources following incidents of violence. Staff had mixed views about whether there were enough staff. For example, two staff said there were times when they felt there were not enough staff when there had been recent incidents, and we saw that this was recorded in records relating to incidents at the home. Staff told us that this was now resolved as the makeup of the people living at the home had changed. Health and social care professionals said there were enough staff to meet people's needs, although one professional expressed concern at the high turnover of staff and the high use of agency staff. One relative said, "The staff that are here are very good. The only problem is that at times, there is a high turnover of staff." One staff member said there was a high use of agency staff and these staff often did not know people's needs; this would undermine the quality and continuity of care for people at the home. The staff rota and conversations with the registered manager confirmed four of the nine staff on duty were agency staff on a weekend shift four days before the inspection. Two agency staff were on duty on another weekend shift. This was discussed with the provider following the inspection; the provider confirmed that additional staff had been recruited and the service was now fully staffed. The provider said efforts were made to use the same agency staff so they would be familiar with people's needs. An example was given of the same two agency staff being used for the night shift. Staffing levels were based on the assessed needs of each individual person. At the time of the inspection one person had two staff to care for them at all times and the remaining people had one staff member at all times. One person also had two staff when they accessed community facilities. This meant a total of nine staff were on duty for the day and evening time, which was reflected in the duty roster. Staff said they worked well as a team and supported each other.

During our inspection we observed there were enough staff to meet people's needs. Some people were on outings with staff during the inspection. Where people had a staff member assigned to work with them on a one to one we observed this taking place.

The provider was able to utilise staff from its other services when this was needed. For example, additional male staff were redeployed from a nearby service when they were needed because of an increase in incidents of challenging behaviour.

Recruitment checks ensured staff were safe to work with people. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There were records to show staff were interviewed to check their suitability to work in a care setting and completed a written assessment. Recruitment checks ensured staff were safe to work with people.

We looked at how the service managed people's medicines. There were policies and procedures for the safe handling of medicines. Only those staff who were trained, assessed and observed as competent to handle and administer medicines did so. Medicines were supplied to the service in a monitored dosage system

which meant the medicines were easier to handle as they were organised in a pack for each time the person needed the medicine. Staff completed a record each time they administered medicines to people. Stocks of medicines showed people received their medicines as prescribed.

Where people received medicines on an 'as required' basis for mental health needs and symptoms such as agitation, there was clear guidance for staff to follow when this was needed.

Checks were made by suitably qualified persons of equipment such as the gas heating, electrical wiring, fire safety equipment and alarms and electrical appliances. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises. Temperature controls were in place to prevent any possible scalding from hot water, and the temperature of water was also checked. Water temperatures were also checked regarding the prevention of Legionella. Radiators had covers on them to prevent any possible burns to people. Records showed fire safety equipment was tested and that fire safety drills were carried out.

Requires Improvement

Is the service effective?

Our findings

At the inspection of 31 May and 1 June 2016 we identified that the provider had not ensured the premises and equipment were clean, suitable for their purpose and properly maintained. We issued a requirement notice for this to be addressed and the provider sent us an action of how they would be meeting this. At this inspection we found the areas highlighted in the report had been largely addressed. The communal areas and bedrooms were clean. Additional curtains and decorative items had been used in the main lounge to enhance the homeliness of the building. Other changes to the premises and facilities had been made such as the creation of a garden where people could grow vegetables and flowers as well as looking after pet rabbits. A hot tub had also been installed in the garden which people enjoyed using whilst under close staff supervision. Fabric suspended from the high ceiling in the main lounge made the space look less austere and was successful in reducing to some extent the echo of people speaking and shouting. However, this was only partially successful and the main lounge and other communal areas were very prone to echo. This did not create a calming atmosphere. One person's care plan regarding the prevention of challenging behaviour said the person needed an environment which was not too loud. This illustrated how the environment was not wholly suitable for the person's behaviour needs. At the last inspection we noted padding in the form of camping sleeping mats glued to the wall had been used to prevent the person from injuring themselves. We raised the issue of using specialist cushioning. At this inspection we found the camping mats were still being used and were beginning to fall off the wall in one place. Whilst improvements have been made to the premises we recommend further advice is sought from a reputable source on how to enhance the environment, so that it meets the specific needs of the people in this home.

People told us they were supported by helpful staff who understood their needs and preferences. Relatives also said the staff knew how to look after people well. Health and social care professionals also said the staff had a good skill level. For example, one professional with responsibility for monitoring the placement of someone at the service said, "Overall I am happy with the placement. He's doing well. The standard of care from the staff is good." This professional said staff were well trained and that additional training was provided to staff if, for instance, a review of an incident involving behaviour indicated this was needed. We saw records of staff receiving additional training in MAYBO following incidents of challenging behaviour.

We observed staff were skilled in communicating with people and were knowledgeable about people's care needs and preferences. Staff showed they were committed and motivated to providing a good standard of care to people who had complex needs.

Staff said they had access to a range of training courses which were of a good standard and supported them to provide effective care. Newly appointed staff enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standard that should be covered as part of induction training of new care workers.

Staff were supported to attain the National Vocational Qualification (NVQ) in care or the Diploma in Health and Social Care. Twelve of the 34 staff were trained at NVQ level 2 or 3. Six staff were completing the Diploma in Health and Social Care at level 3. These are work based awards that are achieved through

assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff said they were able to suggest training courses which would enhance their knowledge and skills and that arrangements were made for these to be completed. A spreadsheet was maintained which showed staff had completed training considered mandatory for their role such as first aid, infection control, health and safety and moving and handling.

Staff said they received supervision with a line manager and that they felt supported in their role. For example, one staff member said there was always a member of the management team to speak to and that they were always listened to. Staff said the registered manager and the provider's regional management team had contact with them following incidents in the home and that counselling services for staff were available. Records showed staff received regular supervision with their line manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Eight people were subject to a DoLS. Care records showed people had an assessment of mental capacity where this was needed.

We observed staff spent time with people, listened to what people wanted and asked them how they wanted to be supported. For example, a member of staff asked a person if he would like to relax in the garden, the person indicated that he would and was supported to do so. Another member of staff asked some people sitting in the dining room if they would like a drink and what they would like.

People's communication needs were assessed and guidance on how staff should communicate effectively with people was recorded well. Staff were also trained in communicating with people.

People's nutritional needs were assessed and were also included in a risk assessment regarding possible malnutrition. People's weight was monitored and a record made of this. Information was recorded in care plans about how people were supported to eat and drink. One person's food and fluid was carefully monitored to ensure they did not eat or drink excessively. A health and social care professional stated the staff and management had worked hard to ensure this person was properly supported with positive results for the person's well- being. There was a choice of meals and pictures were used to help people choose what they would like to eat. One person said to us, "I choose what I eat and like going to the shop to purchase things for my meals". Relatives said people were supported to eat well. For example, one relative said, "The staff manage my son's diet very well. He does not understand what a healthy diet is. The staff support him to eat healthy, but he does have days off which is the right thing to do." We saw people had snacks and drinks available.

People's health care needs were assessed. Professionals reported on improvements in the way the staff worked with them. Care records showed people's health care needs were monitored by staff and arrangements made for health care checks and treatment. These showed people's physical and mental health care needs were assessed. Staff told us how they worked with people so that those with behaviour needs could access services such as dental care. Care records included guidance on how staff should support people with oral hygiene. A health care professional told us the staff worked with people's GPs to ensure people received regular health care checks. Each person's care plan included a 'Healthcare Passport,' which had a summary of the person's medication and health care needs so that hospital or

ambulance services would have relevant information on the person.

Good

Is the service caring?

Our findings

People and their relatives said staff treated people well and were caring. For example, one person said, "The staff are caring and lovely. It is like one big family." Another person said, "The staff are alright." A relative said, "This is the happiest home he has lived in," and, another relative said, "As long as my son is happy to come back after a home visit, we are happy and he is always happy to return."

Health and social care professionals also said staff had a good rapport with people and communicated well with them. Staff demonstrated they had positive relationships with people they cared for. One staff member for example, said, "The boys are loved here. They get a lot. I would like them to get more. They seem happy." Staff had a positive attitude to the people they worked with and understood how behaviours were part of people's care needs. Members of the management team described the care staff as, "Committed to their work and to the well- being of people." Another comment from a team leader regarding the care staff was, "The staff really care. They try to run the home for the guys. They understand the service users and we try to match staff with the service users they have a good rapport with." The care staff and management team were observed talking to one person about the choice of garden furniture for the service. The interactions were warm and the person was comfortable approaching staff.

We spent time observing people and staff together in the communal areas of the service. Staff were attentive to people's needs and where people had a one to one with staff they were supported well. Staff were warm in their interactions with people, asked people how they wanted to be helped and people were comfortable with the staff who supported them. We also noted staff and people enjoyed their time together and there was much fun, laughter and engagement with people. Staff were observed providing comfort and reassurance, calmly talking to people. When staff spoke with people they always met the person at their level; if the person was sitting they would either sit next to them or crouch down. If the person was laying on the floor or on a beanbag, the staff would kneel down next to them.

The staff recruitment procedure included an assessment of applicant's values so the provider could ensure people had a positive and caring attitude to working with people.

A health and social care professional said the staff made arrangements for people to have an advocate so their views and rights could be represented.

People's care plans were individualised and person centred. Details about people's preferences were assessed and recorded along with information about how people were supported to be independent. For example, there was a 'Person Centred Involvement Plan,' which included details about making choices, community involvement, preferred daily routines and how the person liked to be supported with personal care. Communication needs were assessed and there was clear guidance for staff to follow in how to communicate with people. We observed staff supported people to be independent such as making drinks or helping with meals.

People's privacy was promoted by the staff. We observed staff knocking and waiting for an answer before

entering people's bedrooms. People had a key to their room where they were assessed as being able to safely use it. This gave people privacy and security.

Good

Is the service responsive?

Our findings

People received care which met their needs with the exceptions referred to in the Safe section of this report. People and their relatives said staff consulted them about their care needs. Health and social care professionals commented that care was responsive and had been effective in meeting people's needs although one professional had concerns about the techniques used to manage one person's behaviour. Subsequent to the inspection, the provider submitted information about how the home uses training from a nationally accredited training agency that includes use of barriers to keep people safe.

Staff were observed to involve people in choices of what they would like to do. This was done in a way that was responsive to people's choices and was not at all regimented. For example, one person asked if they could go to the pub for lunch, another person heard this and asked if they could go as well. In the end four people were supported to enjoy a pub lunch.

Each person had care records including assessments of need, care plans and information from referring local authorities and previous health care providers. These included information regarding previous mental health placements and multi- agency planning meetings called the Care Programme Approach (CPA). Where people were admitted from psychiatric hospital comprehensive pre- admission assessments had taken place. These involved a gradual introduction of people to the service so that staff, and, the person concerned could have trial visits to see if they liked the service. This also allowed staff to check if they were able to meet people's needs before they were transferred to the home.

Assessments included health needs, psychological support and mental health, managing emotions, daily living skills, self- care skills, and any spiritual care or cultural needs. There were care plans regarding these needs and for managing people's behaviour. People had behaviour support plans and any behaviours were monitored and reviewed. We observed staff were skilled in dealing with people's challenging behaviour which resulted in people becoming more settled. The Well-Led section of this report refers to those areas of reviewing and updating people's care regarding their behaviour.

Care plans included specific tasks such as supporting people with their personal care with guidance for staff on how to support people. Care plans also included details about people's preferences and choices as well as what people could do themselves. These were included under headings such as 'Individual strengths,' and 'My choices and preferences.' Each person had a person centred care plan. Person centred care focusses on providing care which meets individual's needs and preferences. People were involved in their care reviews where this was possible.

People's needs regarding activities and social needs were assessed. Activities were provided based on people's needs and preferences. For example, one person's daily records showed the person had attended outings and walks. One person said, "I like going on walks and shopping".

People also used a day centre adjacent to the home where activities were provided. Staff confirmed people attended a range of outings and were also supported to attend holidays. The premises had a range of

facilities for people's leisure and occupational use. A garden area had been created where people looked after pets and could grow flowers and vegetables. Two people were observed using a hot tub in the garden closely supervised by staff. Each person had a daily plan of activities both within and outside the home. This increased people's engagement and socialisation which contributed to their overall well-being.

Relatives and people said they knew how to raise any concerns they might have. For example, one person said, "Oh yes, I tell them if I am not happy with something," indicating this person felt comfortable raising any concerns. We observed the registered manager and the operations manager in conversation with one person about a concern they had about violent incidents. The staff listened to the person's concerns and outlined actions taken to avoid it happening again. The operations manager and registered manager were attentive to the person's concerns and showed they cared about what the person was saying. The conversation was concluded with the operations manager saying, "Would you like me to do anything else? Are you happy with that?" The person signed a complaint form to acknowledge their concern was dealt with. Relatives also said they knew how to raise any issues but said they had no reason to do so.

Requires Improvement

Is the service well-led?

Our findings

At the inspection of 31 May and 1 June 2016 we identified the provider did not have systems or processes fully established to assess, monitor and improve the quality and safety of services, as well as the risks to people and for maintaining accurate records. We served a requirement notice for this to be addressed and the provider sent us an action of how they would be meeting this. At this inspection we found improvements had been made to improve the quality and safety of services as well as the monitoring of risks to the health, safety and welfare of people. There were audits and checks but these did not always result in improvements being made. There were continued risks to people's safety which had not been addressed since the last inspection.

Whilst the incidents of aggression between people living at the service had decreased, the safety of people continued to be a concern since the last inspection in June 2016. Staff told us that they felt unsafe or in some way unprepared for the violent incidents that had taken place in the home, as they did not always receive the correct guidance, equipment or training. Whilst care plans included information about people's behaviour these did not always say what staff should do when attacked by people. One person's care plans was not adequately reviewed following an incident of violence. The provider said the care plan was reviewed and a decision made that the care plan did not need to be updated. There was a lack of a post incident analysis report as advised by the provider's own procedures. There was no evidence at the inspection of the care plan and risk assessments being reviewed as well as a lack of records regarding any conclusions reached following this incident. Other incidents had been reviewed and care plans updated.

Employers are required to notify the Health and Safety Executive (HSE) of injuries to employees where they are absent from work for more than seven days; this is called the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). We were made aware that one incident within this definition was not reported by the provider. When we raised this with the registered manager we were told the staff member had not been absent from work for the required period, but this was not the case and a RIDDOR should have been completed. Following the inspection the provider conformed a RIDDOR was subsequently made but this was outside of the required timescale of 15 days of the incident.

We discussed these concerns with the provider at a meeting following our inspection. The provider maintained they had reviewed the above events and concluded all required actions had been taken to keep people and staff safe, but acknowledged a RIDDOR was not submitted.

Staff were supported by 'debriefs' following incidents of violence. We were not aware of any overall review and investigation of the incidents which covered the concerns we found at the inspection and what lessons could be learnt. These included the concerns raised by staff, inconsistencies in the behaviour care plan regarding one person, and adequate review of incidents.

The previous inspection report from June 2016 highlighted that the environment was in need of improvement. This has been acted on and improvements made. However, there were some areas where the provider had not fully acted on the requirement of the last report.

The provider did not always have adequate systems or processes to assess, monitor and improve the quality of services including risks relating to the health, safety, and welfare of people who may be at risk. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported in their work and that their employer listened to their views and was concerned for their welfare. For example, one staff member said there was an open culture and said the Director of Operations visited the service on a regular basis and they were able to make suggestions about the service provision such as improvements. Staff told us they were offered support and counselling when incidents of violence had occurred. This included a staff debrief session about any incidents as well as contact and support from the operations manager. Staff said they felt supported by the registered manager and the interim manager who was due to take over as manager for the service. Staff meetings were held and staff said they worked well as a team and supported each other. There was a system of team leaders who managed care on each shift and staff said they felt supported by the team leaders.

Staff demonstrated a commitment to their work and the welfare of people they provided care and support to.

The provider asked stakeholders, such as health and social care professionals, for their views on the service although the detail of these surveys were held at the head office. Subsequent to this inspection, the registered provider told us that a summary is sent to the registered manager for their review.

At the last inspection of 31 May and 1 June 2016 the service had a new manager who subsequently registered with the Commission. At this inspection the registered manager was due to leave the service. The provider had acted promptly to appoint an interim manager who was experienced in working with people with a learning disability. The manager planned to register with the Commission. Staff said they felt supported by the new manager and we found the interim manager to be motivated and passionate about the care of people with a learning disability.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured there were adequate systems and processes to investigate immediately and for protecting service users from abuse. Regulation 13 (1) (2) (3) (4)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there were adequate systems and processes established and operated to assess, monitor and improve the quality of the service. This includes assessing, monitoring and mitigating risks to the health and safety of service users and others who may be at risk.