Shaw Healthcare (Specialist Services) Limited

Urmston House

Inspection report

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Date of inspection visit:
22 May 2018
24 May 2018

Date of publication:
05 July 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Urmston House on 22 and 24 May 2018. When the service was last inspected in January 2016, no breaches of the legal requirements were identified.

Urmston House provides accommodation for people with learning difficulties, sensory impairment, those who could emit challenging behaviour and autism who require personal care to a maximum of six people. Urmston House is a purpose built care home. People have their own self-contained apartment on the ground floor of the home. The apartments include an ensuite and kitchen facilities. At the time of our inspection there were six people living at the home.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection in January 2016, the service was rated as good in all the areas of Safe, Effective, Caring, Responsive and Well Led. At this inspection, we found the service had improved and was now outstanding in effective. The overall rating was good.

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

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

Outstanding and innovative care practices were delivered by staff to maximise people's independence and help them achieve significantly positive life experiences. This included making sure the environment was suitable for people with a visual impairment. The staff had been creative in their approach in reducing falls for one person because of the simple but creative adaptations that had been made to their environment. For another person their bedroom had been adapted to enable them to return from hospital because suitable training and equipment had been put in place to support them effectively and responsively. Relatives were extremely positive about the care and support that was in place. They described a unique service that was person centred with high levels of staffing. This meant that people were supported on a one to one basis enabling them to lead the life they wanted. People were at the heart of the service. Staff knew what mattered to people. They continued to explore options for people in respect of activities.

People remained safe at the home. There were sufficient numbers of staff to meet people's needs and to

spend time socialising with them. The registered manager had responded to a recommendation that was made at the last inspection to ensure there was a team leader working in the home at all times. This was in accordance with the staffing profile/assessment for the service. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People were supported with their nutrition and hydration needs. People had access to healthcare professionals when needed and the home had a good relationship with the local GP. Care records contained guidance on how to support people who may not be able to communicate their healthcare needs.

The registered manager had ensured the Deprivation of Liberty Safeguards (DoLS) had been applied for when appropriate. DoLS is a legal framework to lawfully deprive a person of their liberty when they lack the capacity to make certain decisions in regards to their care and treatment. When a person lacked capacity to make a particular decision, a process was followed in line with the Mental Capacity Act 2005 (MCA). Staff showed good understanding of the principles of the MCA and how this was applied in their day-to-day role of supporting people.

People received support from staff who showed kindness and respect. Relatives were welcome at any time and people had access to an independent advocate. Care plans showed how people's dignity and privacy was maintained. They also showed people's personal preferences and how people would communicate these. They recognised how important it was for families and friends to be involved in people's care, support and wellbeing. Relatives confirmed they were kept informed and involved in care reviews.

Care records contained personalised information, which ensured the home was responsive to people's needs. Staff were knowledgeable about what was important to individuals. People and relatives had access to the complaints procedure in a format they could understand. There had not been any complaints in the last 12 months.

The home was well led and run. The registered manager communicated effectively with staff and relatives. The registered manager had systems in place to regularly assess and monitor the quality of the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing numbers were sufficient to meet people's individual needs. Improvements had been made to ensure there was always a team leader working in the service. Robust recruitment checks ensured staff were suitable to work at the service.

Staff knew how to identify and report safeguarding concerns.

Positive risk assessments were in place to keep people safe whilst promoting independence.

People's medicines were managed safely.

Is the service effective?

Outstanding

The service was very effective in meeting people's needs.

Urmston House provided people with facilities that promoted people's well-being enabling them to respond to their care and support needs. They had been creative in the way they had ensured the home was suitable for people with a visual impairment.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported by staff that knew them very well and had received appropriate training. The registered manager was proactive in ensuring the training was suitable with bespoke training being organised. Other health and social care professionals were involved in the care of people and their advice was acted upon.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Good

The service continues to be responsive.	
Is the service well-led? The service continues to be well led.	**Good**

Urmston House

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 was an unannounced inspection, which was completed on 22 and 24 May 2018. One inspector carried out this inspection. The previous inspection was completed in January 2016. The service was rated good overall. There were no breaches but improvements were required under the safe section. This was because there was not always a team leader working in the home.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications; these are information about important events, which the service is required to send us by law.

We contacted seven health and social care professionals to obtain their views on the service and how it was being managed. This included the local community learning disability team, the district nurse team and a commissioner of the service. A commissioner is a public organisation that funds the care of people. We received a response from the local authority who had visited the service in July 2017. You can see what they told us in the main body of the report.

During the inspection we looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and recruitment and training information for staff. We spoke with four staff and the registered manager. A registered manager from another Shaw Healthcare (Specialist Services) Limited service supported the staff on the first day. This was because the registered manager was not working on the first day of the inspection. We also had an opportunity to speak with two visiting health care professionals.

People were unable to tell us about their experience of living at Urmston House due to their complex needs. We spent time observing people and their interactions with staff.

We spoke with two relatives to seek their views about the service. You can see what they told us in the main body of the report.

Good

Is the service safe?

Our findings

During the last inspection, we found that there was not always a team leader working in the home at night in accordance with the agreed staffing levels. We recommended the provider reviewed their procedures to ensure the service operates consistently in accordance with the assessed staffing requirements.

During this inspection, we were told that there was always a team leader working in the home alongside staff throughout the day and night. Rotas confirmed there were always six staff and a team leader working during the day. At night, there were two care staff and a team leader. Since the last inspection, they had recruited to the team leader posts and had a dedicated bank team, which included team leaders. We were told recently two care staff had also been promoted to team leaders and were in the process of completing an induction to their new role.

Staff told us there was always sufficient staff to keep people safe, support them with their daily living and social activities. In addition, to the care staff there were catering staff, a maintenance person and an administrator. Staff told us the registered manager kept the staffing under review to ensure people's needs could be met. Each person was allocated 12.5 hours of one to one support throughout the day. Additional staff were rostered to enable people to attend health care appointments and where relevant social events.

People living at Urmston House used mainly non-verbal communication. We spent time observing people and their interactions with staff. Staff knew what they had to do to keep people safe and reported concerns to the team leaders or the registered manager. We saw people were relaxed and responded positively when approached by staff. This demonstrated people felt safe and secure in their surroundings and with the staff that supported them. Relatives confirmed people were safe and well looked after in completed surveys and when we spoke to them on the telephone. One relative told us, "I have peace of mind knowing X (name of person) is safe".

Risk assessments were in place to guide staff on how to support people safely. These covered people's risk associated with accessing the community, falls and, where relevant, behaviour that may be challenging. Risk assessments considered whether the activity was an acceptable risk to take. For example, using electrical items such as a kettle either with staff support or independently. This showed that people's independence was promoted through positive risk taking whilst considering how to keep risks at a minimum.

Medicines policies and procedures were followed and medicines were managed safely. Only team leaders and the registered manager administered medicines to ensure clear accountability. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager. People's medicines were kept in their bedrooms in a locked cupboard.

Staff had identified when certain behaviours from people could impact on their safety or, the safety of other people who lived in the service, staff and visitors. Risk assessments provided information about how people

should be supported to ensure their safety. Staff considered what triggers might exacerbate certain behaviours so these could be avoided wherever possible. For example, loud noises, temperature of the environment, hunger, pain and distress. Where this had not been possible, staff knew how to support people to de-escalate the situation. Staff had attended 'Non abusive psychological and physical intervention' (NAPPI) training, which had assisted in them protecting people safely without being restrictive. People also had an assessment that could be shared with other professionals that detailed when the person was happy, anxious or distressed.

The front door of the property had a key code because people were not aware of the risks in relation to road safety. People had access to a secure back garden leading from each of their apartments. The home was fully accessible to people using a wheelchair enabling them to move safely from one part of the home to another.

Staff were aware of their responsibilities in relation to safeguarding people who use the service. They told us that they had ongoing training about this and that they could talk to the registered manager about any concerns. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people and for raising concerns. The registered manager of the service understood how to support people and how to prevent abuse. The registered manager had reported concerns to the local authority and put appropriate safeguards in place to keep people safe. This included notifying the Care Quality Commission.

Shaw Healthcare had a whistleblowing policy enabling staff to raise concerns about poor practice and any concerns they may have. This was clearly displayed along with the procedures for reporting safeguarding concerns. Staff told us they would have no hesitation in reporting concerns to the registered manager. There was a culture where staff were given addition support and training where there had been concerns about their practice. For example, where staff were doing things for people rather than encouraging them to be independent and allowing the person to have control. The staff told us the registered manager had been very proactive in changing the service from a service that was task led to a service where people using the service were the focus. Staff said they felt confident in supporting colleagues in developing their practice but equally they would not have any hesitation in reporting any concerns.

We reviewed the incident and accident reports for the last four months. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents, however the staff had reviewed risk assessments and care plans to ensure people were safe. Clear records were kept of the action and the investigations in reducing any further risks to people. Staff we spoke with knew the procedure for reporting and recording such occurrences. This had recently been discussed at a team meeting to ensure good practice and procedures were followed. A summary of the incidents was shared with the provider on a monthly basis so they could explore if there were any themes or learning for the whole organisation.

Staff were thoroughly checked to ensure they were suitable to work at Urmston House. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support. A member of staff told us the registered manager was actively recruiting for another cook and 48 care and support hours.

People had a personal emergency evacuation plan in their care record to detail their likely response and the support they would require to be safe in the event of a fire. Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they

had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed regular checks on each area of the home including equipment to ensure it was safe and fit for purpose. Maintenance was carried out promptly when required.

The home was clean and free from odour. Care staff and the people living in the home were involved in cleaning tasks. There was sufficient gloves, aprons and hand washing facilities for staff. Infection control audits were completed and records maintained of the cleaning completed.

The home had been assessed in May 2018 by the local Council in respect of food hygiene practices and had been awarded a five star. This is the highest rating a service could achieve. The kitchen was clean and well organised.

Outstanding ☆

Is the service effective?

Our findings

Relatives spoke very highly about the service and about how well their loved ones had settled in to life at Urmston. A relative told us their loved one had moved to Urmston as an emergency admission two years ago. They said the staff had spoken with family, the day centre and professionals to gain an insight in to how they liked to be supported including their preferences. They told us from day one their relative had settled in well and had blossomed since moving to Urmston House. The two relatives we spoke with told us they would fight for their relatives to remain at Urmston House. They both said it was not a like a care home but a 'home'. This was a very clear indicator they were happy with the care and support provided. Another relative wrote in a recent survey, "The professional and reliable care is truly exceptional". Another relative wrote, "I am very happy with Urmston House and staff whom look after X (name of person) very well".

The accommodation was situated on one level with wide corridors and doors enabling people using a wheelchair to access all parts of their home. All areas of the home were decorated in a light homely style and were uncluttered. This was very important for people who had a visual impairment. Each person had their own apartment, which the staff had supported them to personalise in relation to décor and with their personal effects. They had access to a small kitchenette with tea and coffee facilities and a microwave, an ensuite and a large bedroom. There were sufficient bathrooms and toilets in addition to the people's ensuites, which were wheelchair accessible with a walk in shower and one with a special adapted bath.

The service was highly effective at meeting individual needs. Some people were living with sight impairment. Advice had been sought from the sensory impairment team on making the environment more accessible and reducing risks. For example, there were wooden posts in the main lounge area these had been covered with soft padding and the lighting had been reviewed ensuring day light bulbs were used. The registered manager told us they had ensured that a person's bed was clearly defined by using a bright colour for the valance and bedding so that this clearly stood out. This had assisted in helping the person to have more control over their environment and to keep them safe.

The staff had put reflective tape to high light a person's bedroom and furniture. This had been very effective in reducing falls for this person. Staff told us they had recently purchased sensor lights for the person's bedroom, which enabled the person to find their way to the bathroom at night. They told us they had tried a mattress sensor but this had not been very effective. This showed the staff had monitored and adapted the care plan to suit the person. From reviewing records it was evident the actions of the staff had meant this person was moving around their environment safely and the falls had been reduced showing staff had been very responsive.

The registered manager recognised the importance of consistency and how changes could unsettle people. People had sensory impairments and therefore it was important that the layout of objects within the home were in the correct place that people were familiar with. This promoted independence, as people were safe whilst moving around the home.

The service was outstanding in how well it had adapted the building to the specific needs of people in the

home. From talking with the registered manager it was evident they were proactive in ensuring the layout was suitable for people with a visual impairment. For example, challenging the colour choices that had been provided, opting for more vibrant colours for bedroom doors. Similarly, they had requested a 55-inch television rather than the 42 inch offered. These had been to the benefit of the people living in the home allowing them the freedom to move safely from one area to another and more engagement with their environment. The registered manager had actively sought advice from the local sensory impairment team to make improvements since being in post.

Within the last 12 months, the garden at Urmston House had been completely overhauled, adapted and redesigned to meet the individual needs of people. The planning and design had transformed uneven pathways into a soft, flat rubber matting surface, which reduced risk of injury should people fall. The flooring had different colours to help guide people who were visually impaired move safely around the garden. The area was creative and provided people with additional space to relax. Staff said this had helped with reducing people's anxiety as they could sit in the garden.

Each person had access to the garden from their apartment and the immediate area outside their room was adapted to their specific needs. For example, one person loved to sit outside their back door on a bench before the garden was changed. A member of staff told us their bench had formed part of the design for the garden so they could continue to sit there. This person also loved to look at lights so solar powered lights had been placed opposite their bench. Other people had sensory wind chimes outside their rooms and edible herbs. Some people were enjoying the garden on the day of the inspection. One person was completing a jigsaw and another person was happy to show us the flowers they had recently planted.

The provider information return stated they had also invested in pictorial signage that has been developed specifically for people with learning disabilities by the Leeds and York Partnership NHS Foundation Trust. We saw these signs were used to indicate bathrooms, kitchens and people's bedrooms. These were bright and made the areas clearly visible for people with some visual impairment. It was evident the registered manager had taken on specific advice from professionals to ensure the environment was appropriate, enhancing areas to the benefit of the people living at Urmston House.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Applications for DoLS had been made for everyone living at Urmston House. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety. The registered manager had a tracker in place to monitor the authorisations, any specific conditions and expiry dates. This was discussed regularly at team meetings. Staff showed a good awareness of the process and their role in monitoring to ensure the least restrictive approach was used.

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.

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day to day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals and their relatives had been involved, with best interest meetings being held. Records were maintained of decisions that had been made in a person's best interest. For example, one person had their medication with food, advice had been sought from the pharmacist and the person's GP to ensure it was in their best interest. This way of giving medication is called covert medication and is only done when in the best interest of the person. Staff were seen offering people choice on how they wanted to spend their time, what they wanted to drink and eat. Notices were displayed in the staff room of the principles of the MCA.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. Where people's needs had changed, referrals had been made to other health care professionals. This included the community learning disability team, which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists. Staff told us everyone was supported when attending appointments. Some people required two staff when supporting hospital appointments as it was recognised that this could be quite stressful for the individual.

People had a disability distress assessment tool (DisDAT). This was a document, which described signs, behaviours and mannerisms when content or distressed. The document was in place to accompany people to hospital or out in the community. It enabled other health and social care professionals to support and communicate with people. People also had a summary of their healthcare information and support needs, which could be taken alongside the DisDAT. This meant people could move from one care setting to another and professionals had information to enable them to support them effectively. This is really important when people were unable to tell people how they were feeling.

Relatives told us that people's health needs were met. Relatives told us the staff had a good understanding and knowledge of people and they recognised if further healthcare was required. This was because the staff knew people well. Care records described the signs that people may be unwell or in pain, for example a change in particular behaviours. One relative told us, "They always let me know if anything changes." They said they had recently attended a meeting with the GP and staff. The registered manager said they had a very good relationship with the local GP and the GP knew people well. This was important to people, as they may be unable to communicate their own health needs.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved in supporting people including speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan. The staff had been creative in supporting a person that historically rushed their food. The food was put on two plates to help them slow down. Staff gently reminded the person to eat slower. This was because they were at risk of choking.

People's weight was monitored on a monthly basis where concerns had been raised in relation to weight loss or gain. Advice had been sought from the GP. In addition, food and fluid charts were used to further monitor the people to ensure they had a varied and healthy diet. This was especially important, as people were unable to tell staff what they had eaten or whether they had enough to drink. Drinks and snacks were offered to people throughout the day. People were asked daily what they would like to eat. There were two options for lunch and the evening meal. Staff confirmed that if people did not like either choice an alternative would be provided until they found something the person liked. The cook was knowledgeable about people's nutritional needs and preferences. The cook was mindful of food textures being important due to sensory impairments.

Staff confirmed they had received an effective induction prior to working with people. This included shadowing more experienced staff for a period of four weeks, completing a classroom induction with the organisation and the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification that staff complete during their probationary period. Staff told us the four week shadowing had enabled them to get to know people. They told us this was really important due to the complex needs of the people they were supporting who were not always able to express what they wanted. They said this was very beneficial in getting to know each person's routine. Getting to know people's routines can be very important for some people who have a diagnosis of autism.

Staff received the training to enable them to support people effectively. Staff told us the registered manager was really supportive in respect of organising training to meet the needs of the people living at Urmston House. Staff told us in response to feedback about training on supporting people who challenge, the registered manager had worked with the trainer to review the content. This was so it could be more pertinent to people living at Urmston House. The trainer had visited the home to observe people and staff to support them with specific strategies when people were anxious or upset. Further training was planned for staff at the end of June 2018. This showed the registered manager was proactive in acting upon feedback from staff. Staff felt this would be really beneficial on how they supported two specific people during times of anxiety. The registered manager had also organised for staff to attend training that helped them reduce people's anxiety by ensuring staff supported people in a person centred way. Staff comments included, "Excellent training never had so much", "The manager is really supportive in all areas including, training. You only need to ask and she will try and sort it for us".

A relative told us that due to a recent medical diagnosis staff had been offered additional training in this area. They had said they felt the staff were knowledgeable and had the skills to support their loved one. Staff confirmed they had attended this training and other staff were planning to attend during May 2018. The relative told us they did not want their relative to live anywhere else but Urmston House because of the way the staff supported their relative.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff told us the training they had received had equipped them for their roles.

Staff confirmed they had received regular supervision from their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. Staff told us the registered manager aimed to complete these formally every two months. Staff confirmed they were supported in their roles and could speak to the registered manager at any time.

Good

Is the service caring?

Our findings

People could not tell us verbally about their care and support. During our observations, we saw positive interactions between people and staff. Staff were enthusiastic about the people they supported. The atmosphere was calm and relaxed. Staff said this was really important for the people they supported. Relatives spoke extremely highly about the consistent quality of care and support given by staff. One relative said, "The staff are all brilliant and friendly. I cannot praise them enough." Another relative told us, "Urmston is absolutely brilliant. Cannot find any fault". They told us the staff had very good relationships with people at Urmston House.

Staff were aware of people's preferences and daily routines. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting the home. One person showed us their bedroom and the garden area. It was evident they were very proud of their home. Another person showed us their kitchen and requested a drink. Staff responded promptly showing the person a number of choices. Staff told us depending on who they were supporting smell or touch was really important to enable them to make a choice because of their visual impairment.

People looked well cared for. It was evident people were encouraged to have their own style of dress. People's hair looked clean and groomed. Staff told us personal care was never rushed, as this was a good opportunity to spend time with people. Some people liked water and it was evident from talking with staff bathing was never rushed so it could be an enjoyable experience for people. The registered manager told us this was a sensory time for some people. One member of staff told us, "It was a fun time for the person and often you would be soaked, to the joy of X (name of person)". They told us this person liked swimming but sadly, due to an infection this has been put on temporary hold.

Each person had a team of staff that supported them including a team leader and two or three care workers. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis. Staff confirmed their responsibilities in relation to the key worker role and how it enabled them to build closer relationships with people as they could spend more time with them.

Staff told us they used the services of an independent advocate. The advocate visited Urmston House and spent time with people. The advocate engaged with people and viewed the care and support they received. The advocate was impartial to the home and ensured that people were supported to have their preferences and rights expressed and upheld. Reports were completed by the advocate, which showed they had been consulted about the care and support. They were positive and evidenced that staff were meeting the people's needs. They also said, "The atmosphere was relaxed and calm as per usual". Two other health and social care professionals commented positively on the approach of staff telling us, they were knowledgeable, friendly and knew the people they supported very well.

The registered manager and staff promoted privacy and dignity in the care and support given to people.

Each apartment had its own doorbell, which we observed staff always using before they entered. Staff told us that most people were unable to answer, but by using this system, it forewarned people that a member of staff was entering. Staff said if people then indicated they did not wish staff to be present, they would respect this and leave their flat.

People's care plans stated whether they had preferences for male or female carers and the level of support they required. The care plans in each section explained how to involve people in their care, how independence was enabled and how choice was offered, for example with preparing snacks, making drinks or getting dressed. They gave guidance on how people gave consent and communicated their wishes. The emphasis was on positive behaviour management and putting people in control of their own care.

The registered manager told us, when people had to stay in hospital, staff supported them for the duration of their visit, including overnight. Depending on the needs of the person and the nature of treatment, additional staffing would be arranged. The registered manager said hospital appointments could be considered a trigger for agitation and anxiety for many of the people at Urmston House. Familiar staff had helped reduce people's anxiety and meant they had someone with them who understood their non-verbal communication. A relative commended the staff for their continued support when their relative had been hospitalised for a long period of time. Initially they were supported with one to one support for five weeks. This was gradually reduced until the person was comfortable with the hospital staff. The registered manager told us they continued supporting this person throughout their seven month stay.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly, however not everyone had the involvement of a relative. Some people kept in touch by telephone and others received regular visits.

Relatives said the staff were caring and when they visited, they were always made very welcome. Both relatives told us they visited at random times and they were always made to feel welcome. A relative told us, "This is the best home X (name of person) has ever lived in. It feels like a home rather than an institution and he is very happy there". Staff told us they really enjoyed working at the service. They knew the people living at the home very well and had developed positive caring relationships with them.

The registered manager told us they had good relationships with relatives. Relatives spoke of being kept well informed by the staff and the registered manager. They confirmed they were invited to care reviews and felt their views were listened too.

People were offered to attend a forum for people to meet with two other Shaw Healthcare services locally. Two people regularly attended this event. This enabled them to build friendships away from the home. Meetings enabled people to make suggestions about any improvements and to actively involve them in the running of the service. The resident forum also enabled people to have fun and meet other people receiving care and support from Shaw Healthcare. Minutes were accessible and available in an easy read summary.

Good

Is the service responsive?

Our findings

We observed staff responding to people's needs throughout the inspection. This included spending time with people engaged in activities. Relatives spoke very highly about the service, staff support and how well their loved ones had settled in to life at Urmston House.

Relatives felt the service was outstanding and provided people with a unique service. One relative said there is nothing institutionalised about Urmston House it is all about the people.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan, which detailed the support they needed, which was personal to them. They were informative and contained in-depth information to guide staff on how to support people well. These had been kept under review. A relative told us because they got the initial assessment right their relative had settled in extremely well. They said they had been very surprised as they had lived at home with relatives and felt the move may be too much for them. However, they said the person had blossomed and wanted to do so much more and was much more communicative. This showed the service was responsive to people's individual needs.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. Health and social care professionals told us the staff were very proactive in ensuring people needs were being met including following their advice.

Care plans were reviewed monthly with a summary of progress. Staff reviewed the occasions they had used as and when required medicines. From reviewing these records it was evident these were regularly discussed with the person's GP. The use of medicines to reduce anxiety were also reviewed. There was a clear plan in place for when these were to be used. Staff told us these were used as a last result as they focused on distraction rather than sedation. From reviewing the monthly reports, it was evident that these types of medicines were not used very often with a clear rationale recorded on why they had been used.

Staff were observed communicating with people in a number of ways. This included using objects of reference. Staff would show people items to help them make choices, with others, it may be using photographs. Staff told us they also used Makaton (Makaton is a sign language used to support people with a learning disability to communicate) and gave examples where people used their own specific language to indicate what they wanted. For example, one person when offered to go out would lift their foot to indicate they wanted their shoes on, if they did not lift their foot then this would be their way of declining. Another person touched their hand and wrist in different ways to indicate 'Yes' or 'No'. How people communicated was captured in their care plan.

We observed staff using intensive interaction they told us this had been very useful in building relationships with people who use non-verbal communication. Intensive interaction creates a communication

environment that is enjoyable and non threatening to the individual with severe learning difficulties, where interactions are short, and involve noises, touch and eye contact. Interactions are brief but can grow over time. It was evident from talking with staff they had a good understanding of how each person communicated their needs.

Staff had been very responsive when a person had been admitted to hospital for a long period of time. They along with the relative had advocated the person return to Urmston House, where the person had been very happy prior to the admission to hospital. The environment had been adapted to include overhead hoisting and moving and handling equipment to enable the person to return. In addition, staff had received training in the use of the equipment and the medical condition to enable them to respond to the person's changing needs. Health professionals had been positive about the progress and the commitment of the staff. The relative told us this was the "best home and X (name of the person) was very settled and happy". The relative said the staff are committed to providing care tailored to their loved one and after returning to Urmston returned to their happy self. This showed how the staff had been very proactive in responding to a person's changing needs enabling them to return to the home where they felt settled and safe.

Staff told us one person prefers to spend time wearing minimal clothing, which was appropriate in their bedroom but was not acceptable in the communal lounge. Staff said when this happened they would leave the person in their bedroom if it was safe to do so. We observed the person entering the lounge in a state of undress. The person was supported positively and discreetly. They were offered a choice on whether they wanted to put on some clothes or return to their bedroom. Staff told us this person liked water so frequent baths/showers were offered throughout the day. They told us this had been positive in reducing their anxiety. Another person had recently demonstrated their preferred showers. A new wet room was being installed in their ensuite on the day of the inspection. There were many examples for each person where staff were promoting their independence and individuality.

People received one to one support during the day. This meant that people received the care and support when they needed it. Clear records were maintained of the care and support each person received during the day. People were supported to go out with staff on a daily basis to places that interested them and take part in activities in the home. People were going for walks, doing jigsaws and playing with tactile objects that encouraged hand dexterity. Family had commented positively on the increased support since their relative had moved to Urmston House. They said they were communicating more effectively and they were doing lots more. They spoke very positively about the support that was in place.

People's care records detailed the activities, which people enjoyed and the support they needed. An individual timetable showed what each person was doing that week. We saw that people had access to a wide variety of activities such as swimming, cinema, eating out, walks and arts and crafts. The home made use of what the local area offered in terms of public transport, parks and leisure facilities. On the day of the inspection, a person had gone to Weston Super Mare by bus; another person had gone to the local supermarket and another for a walk with staff support. A relative commended the home on supporting their relative to go to a weekly social club they had attended prior to moving to Urmston. They said this was important as it meant they could keep in touch with their friends from a day centre they had attended. The relative told us they were quite envious of the social life their relative had telling us, "They are always doing something".

We observed people being supported with a variety of activities. Staff were supportive and offered encouragement. One person was rehabilitating from a medical condition. Staff were observed encouraging the person to be mobile and use both their hands in a very subtle way during an activity with a ball and later putting hoops on to a pole. They commended the person for their achievement. It was evident the person

was enjoying the one to one attention. Later we saw this person clearly tell staff they did not want to participate. This was respected. Staff said because they know the person well they can guage whether they were happy or not to proceed. A health care professional said, "The staff are amazing, they know people really well".

It was evident from talking with staff that if a person wanted to sleep or spend time on their own this was respected. Staff told us that by knowing the person they were quick to notice what the person wanted including time alone. People were offered opportunities to go out when they wanted with staff support.

Staff worked a 12 hour shift during which staff would work with one person for six hours and another person for the remainder of the shift. They recognised this was beneficial for the person and offered them a change of staff. Staff said although they were allocated one person, the team leader or another staff would assist where a person had increased anxiety. Staff told us one person liked their personal care and then wanted to go straight back to bed. To reduce their anxiety a second member of staff would make the bed to enable this person to retreat to their bed after their personal care. This showed staff were again responsive to people's individual needs and knew people well.

There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. There had not been any complaints in the last 12 months since the registered manager had commenced in post. Relatives we spoke with told us they had been given a copy of the complaints procedure and were aware of how to make a complaint if necessary. Relatives said they would feel comfortable to raise a complaint. One relative said, "I cannot fault the service. They always listen and act on any suggestions and ideas we might have."

Good

Is the service well-led?

Our findings

There was a clear management structure within the home. There was a registered manager who was responsible for Urmston House. They had worked in the service for the last 12 months. Team leaders, were deployed and provided 24 hour care. They took the lead when the registered manager was not present. In addition, staff were able to contact an on call system if the registered manager was not available for advice and support.

We found there was strong evidence to show equality and diversity, privacy, dignity, freedom of choice was promoted. This had been embedded into the culture of the home. These values were clearly shared by the team and were reflected in people's support plans and in the standards of care and support that people received. There was a strong emphasis on continually striving to improve. The registered manager was passionate about providing people with care and support that was tailored to their needs which was in a homely setting. There was a strong emphasis on the involvement of family. A relative told us "I call in whenever I want and I am always made to feel welcome. I bring my grandchildren and they are equally made welcome". Relatives said they had a really good relationship with the manager and staff team without exception.

Staff described the ethos of the service where people were the focus of the care. The registered manager told us they had worked hard on these areas to ensure staff put people first. They said there had been a real switch over the last 12 months to a service that was now person rather than task led.

Staff spoke positively about the team and the leadership in the home. They described the registered manager as being approachable. Staff told us they could always contact the registered manager or an on call manager for advice and support. Staff described a positive culture in the home, including a team that worked together to meet people's needs. Staff told us the registered manager was open and transparent and worked alongside the team. A member of staff said, "The manager is dedicated to providing person centred care. They told us it is all about the people we support. She often works alongside us and is very 'hands on'. If you have any query or concern, you know it be will be dealt with". Another member of staff told us, the registered manager had an open door at all times", and "She would do anything for the residents, which would benefit their quality of life". One member of staff told us when they first arrived there was a lot of negativity in the team and lack of passion for the people they supported. They said under the direction of the new manager this had changed significantly in the last 12 months with all staff now working together to support the individuals living at Urmston House.

Over the last twelve months 24 of the 30 team had resigned or had been dismissed. The provider and the registered manager viewed this period positively as a means to introduce change and was an intentional, considered and measured effort to shape the culture and improve the quality of care provided at Urmston House. This included ensuring the staffing team had the right mix of skills, competencies, qualifications, experience and knowledge to meet the individual needs of people.

However, as a consequence of the staff leaving, there had been an increase in agency and bank staff working

in the home. A member of staff told us this was settling down and the agency usage had reduced. A member of the team said, "We no longer feel like a new team and everyone is committed to providing individualised care". Another member of staff confirmed that it had settled down and only familiar agency or bank staff were used. This was to ensure continuity of care. This was important, as some people were more unsettled with unfamiliar staff. One member of staff complimented the registered manager on the recruitment of staff telling us, "Everyone is 100% committed and staff want to work here". They said this was because the manager recruited the right type of staff.

Staff spoke positively about staff meetings saying they were useful, kept them up to date and they could raise topics for discussion. In addition, team leaders had separate meetings to discuss matters relating to their roles. A member of staff told us that meetings used to be negative with staff not wanting to move forward. They told us now they felt all staff were 'singing from the same page' and were committed to providing care that was tailored to the person. Minutes of the meetings were kept showing the topic of conversation and any actions agreed. This was followed up at subsequent meetings showing areas of improvement. For example the recruitment of staff.

Staff meetings were used to discuss any changes to care, staffing and health and safety. There was a learning element to the meeting, which included quizzes on safeguarding, mental capacity and other key legislation. Staff spoke positively about the training and the commitment of the manager in ensuring it was tailored to the service. The registered manager told us how they had identified a training need in respect of supporting people before they became anxious or angry. In response a bespoke training package was developed, which had also been rolled out to other Shaw Healthcare services.

Staff's competency was checked using a competency assessment. This included checking their knowledge for example in relation to safeguarding adults, moving and handling and medicine administration. Staff confirmed the competence checks, supervisions and annual appraisals were regularly taking place. This meant the registered manager could be assured that staff were working and taking the correct approach. The registered manager evidently valued the team telling us, "I am very lucky to have a team that bring different skills and knowledge but all working together to help people achieve their full potential". They said the staff now come with ideas such as taking a person on a boat because they liked the sensation of water. They said they had immediately supported the member of staff to organise. They said the person had really enjoyed the experience probably more so because it was a 'stormy day'. It was evident that people's disabilities were not discriminated against and solutions were used to enable people to do the things they would enjoy.

The provider and the registered manager carried out checks on the service to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits.

The registered manager told us, the operation manager visited regularly to monitor the service. Reports were maintained of the visits. The registered manager had to compile a monthly report in respect of the care and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. Staff confirmed the operations manager regularly visited to observe the care and support given to people, speak with individual staff and the registered manager.

The registered manager told us they attended regular meeting with other services operated by Shaw

healthcare where they were provided with regular updates from across operations, quality, training and the health and safety teams. It was an opportunity to share good practice and to improve services.

Staff were also recognised through a 'Star Award' run by Shaw Healthcare. A member of staff had been nominated for these awards for going the extra mile, for their commitment to the people living at Urmston House. A regular newsletter was shared with staff and people who use the service. This was based on wellness, happiness and kindness. These were the organisation's values. The newsletter celebrated success, shared ideas, and looked any specific themes. Staff told us they felt valued and enjoyed working at Urmston House. One member of staff told us they were new to supporting people with a learning disability. They said the staff had been 'amazing' and 'very supportive'.

The service took a key role in the community actively working to build links. The service raised money for charities close to the service's heart. For example, recently raising money for a local stroke charity after one of our people experienced a stroke. The service had also raised money for Thrombolysis UK in support of a member of staff.

People and staff also took part in an Autism Awareness Week, which enabled them to raise money for charity and celebrate and recognise that everyone is different. Throughout the week, staff and people took part in a themed day, which included wearing different coloured clothing and odd socks. Each day was different including a quiz with a prize. This was to raise money for charity and to raise awareness of autism.

Relative, health, and social care professional surveys were sent out annually and the results reviewed for any themes. The results of the last survey indicated there was a very good level of satisfaction. One relative stated the care was 'exceptional' and another saying, 'I am always happy with the level of care'.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes. A summary report was shared with the provider so they were aware of any risks. These were discussed with the operations manager each month when they visited.

The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed. These improvements were about enhancing the service and improving outcomes for people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.