

Cartref Homes UK Limited

Ulcomb House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

We carried out this inspection on the 10 May 2018, and it was unannounced.

Ulcomb House provides support for up to five people with learning disabilities. There were four people living at the service at the time of the inspection. Some people at the service had one to one and two to one support. The service was spread over three floors of one adapted building and had an enclosed garden at the rear. The communal areas included a lounge, a large kitchen, a chill out space and a large conservatory that was used for activities and as a dining space. A gate to the rear of the back garden led to property owned by the provider. This property housed several small buildings including office space for the provider and administrative staff and a maintenance workshop.

There was a registered manager at the service who was supported by a deputy manager. 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.

Ulcomb House is a 'care 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 on 16 February 2016 the service was rated Good. At this inspection we found that the provider had been unable to sustain the rating of Good as we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to the failure to provide Good Governance.

Staff told us that they had the skills and knowledge to undertake their role. However, some training for staff was overdue. The registered manager had identified this through regular auditing. However, the provider had failed to arrange the training required in a timely manner.

We have made a recommendation about staff training.

The environment had been adapted to meet people's individual needs. However, some areas of the décor were tired and worn and the service would benefit from re-decoration. The service was clean and staff were aware of infection control and the appropriate actions had been taken to protect people.

We have made a recommendation about the environment.

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.

There were sufficient numbers of staff to meet people's needs. Staff had regular supervision meetings and annual appraisals. New staff had been recruited safely and pre-employment checks were carried out.

Medicines were managed safely. Medicine records were accurate and up to date and people received their medicines on time and when they needed them. Risks to people continued to be assessed and there was guidance in place to support staff to minimise risks. There continued to be systems in place to keep people safe and to protect people from potential abuse. Staff had undertaken training in safeguarding and understood how to identify and report concerns.

People's needs were appropriately assessed and support plans were up to date and accurately reflected people's needs. People were involved in decisions about their support. Where people did not have capacity to make decisions staff had followed guidance in line with the Mental Capacity Act 2005.

Some people at the service could display behaviours that had a detrimental effect on them and the people around them. There was sufficient guidance for staff to support people to maintain behaviour and manage anxiety.

People continued to be supported to maintain their health and wellbeing. People were supported to eat and drink healthily and maintain or achieve a balanced diet. People had appropriate access to healthcare services when they needed it. When people accessed other services such as going in to hospital they were systems in place to ensure continuity of care.

People were treated with respect, kindness and compassion. Staff knew people well and provided people with the support they needed to communicate and express their views. People supported to maintain relationships with those who were important to them.

People were supported to express their views. People were supported to increase their independence and learn new daily living skills. People's privacy was respected and they were supported to maintain their dignity.

There was a complaints system in place if people or their relatives wished to complain. There were systems in place to seek feedback from people, relatives to improve the service.

The provider had a clear vision and values for the service which the registered manager and staff understood and acted in accordance with.

Staff and the registered manager understood their roles and responsibilities. The registered manager and the provider regularly audited the service to identify where improvements were needed. The service worked in partnership with other agencies to develop and share best practice.

When things went wrong lessons were learnt and improvements were made. Staff understood their responsibilities to raise concerns and incidents were recorded, investigated and acted upon. Lessons learnt were shared with staff.

You can see what action we told the provider to take at the back of the full version of this report.

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

There were systems and processes in place to protect people from abuse and discrimination.

Risks to people were assessed and staff had appropriate guidance to enable them to mitigate risk.

There were sufficient numbers of suitable staff to keep people safe. Recruitment processes were robust and staff were recruited safely.

Medicines were safely managed and people received their medication on time and as needed.

People were protected from infection.

When things went wrong lessons were learnt and action was taken to make improvements.

Is the service effective?

Requires Improvement 

The service not consistently effective.

Staff had the skills and knowledge they needed to provide safe care. However, some staff training was not up to date.

The environment was adapted to meet people's needs. However, some areas of the building would benefit from re-decoration.

People's needs were assessed and support was delivered in line with current legislation, standards and guidance to achieve effective outcomes for people.

People were supported to eat and drink enough and maintain a balanced diet.

People were supported to live healthier lives and had access to healthcare services when they needed it.

Peoples consent to care and treatment always sought in line with

the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated people with kindness and compassion.

People were supported to communicate and express their views and be involved in making decisions about their care.

People were treated with respect and their privacy was respected.

People were supported to learn new skills and increase their independence.

Is the service responsive?

Good ●

The service was responsive.

People support plans were individualised and people received personalised care that met their needs.

There was a complaints policy in place. Complaints were responded to appropriately.

Staff were supporting people to plan for the end of their life.

Is the service well-led?

Requires Improvement ●

The service not consistently well led.

There were systems and processes in place to monitor quality. However, action was not always taken where improvements were identified as needed.

There was a registered manager in post who understood their responsibilities.

The provider had a clear vision and values for the service.

There was a positive culture and staff were involved in contributing ideas to achieve good outcomes for people.

The service work in partnership with other agencies.

Ulcomb 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 comprehensive inspection took place on 10 May 2018 and was announced.

The inspection team consisted of one inspector and one 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 care service.

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 plan to make. We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

During the inspection, we observed the interaction between people and staff in the communal areas. We looked at three people's support plans and the recruitment records of three staff employed at the service. We viewed medicines management, staff training, complaints, meetings minutes, health and safety assessments, policies, accidents and incidents logs. We spoke with the registered manager and three staff.

We spoke to two people who used the service. People used a range of communication styles and some people did not engage verbally about their experiences of the service. We spoke with two relatives of people, to gain their views and experience of the service provided.

At the time of the inspection the provider was unavailable and we could not access some information. Therefore, we asked the provider to send us some information on the quality assurance process and staff appraisals upon their return. This information was received by us in a timely manner.

After the inspection we also spoke to the registered manager by telephone and they sent us updated

information on staff training.

Is the service safe?

Our findings

People at the service told us that they felt safe living there and that they had enough support to remain safe. We observed that people seemed relaxed in the company of staff.

When we asked relatives if they thought that the service was safe they said it was. Relatives told us that there was enough staff at the service. One relative told us, "My relative wouldn't still be there if I didn't think it was good"

People continued to be protected from abuse. There was a safeguarding policy in place and staff had undertaken safeguarding training. Staff were able to demonstrate that they knew the possible signs of abuse and how to report any concerns. Staff told us that they were confident any concerns would be dealt with appropriately. Staff told us if their concerns were not taken seriously, they would raise concerns with the local authority. The registered manager understood how to report concerns to the local authority and protect people from harm. There had been no safeguarding concerns raised within the past 12 months. Staff were aware of whistleblowing policy and knew how to contact outside agencies if they felt unable to raise concerns within the service. One staff member said, "I've had no concerns about safeguarding but if I did I would speak out and I am confident that the registered manager would deal with it quickly".

Staff were able to provide examples of pro-active actions they had taken to protect people from bullying and harassment. When we spoke to staff they were clear about how important it was to ensure that people were protected and the steps they had taken to protect people were evidenced in people's support plans and other documents.

Risks to people's individual health and wellbeing continued to be assessed. People's support plans contained individual risk assessments including risks arising from behaviours, personal care, daily living, community interaction and medication. Where risks were identified, people's support plans described the actions care staff should take to minimise the risks. For example, what support people needed to cross a road and what to do if a person refused to take their medication. Staff had signed support plans and risks assessments to acknowledge they understood them. When we spoke to staff they were able to demonstrate that they knew and understood the potential risks and how these were minimised. For example, staff knew what actions they needed to take to maintain healthy skin. Risks were discussed, communicated within the team and recorded at shift handover meetings and in team meetings.

Where people had long term conditions there was clear guidance for staff to enable them to support the people to remain safe and well. For example, there was information on what might cause the person to become unwell, how to identify that the person was unwell and what action to take if the person was unwell.

Some people had positive behaviour support plans. Positive behaviours support plans aim to find the reason behind behaviour that challenges and put in place strategies to support the person to communicate what they want in positive ways. The plans we saw were clear and provided staff with a good level of detail

to enable them to support people. For example, there was information on what might lead to a person becoming upset, the early signs that they were upset and how to support people when they were becoming upset. For example, when people needed distracting and when they needed time to talk to staff about their feelings.

Risks to people from the environment were well managed. Some staff training in health and safety and fire safety was overdue. However, there were robust systems in place to ensure that people were kept safe if there was a fire or an issue with health and safety. The registered manager continued to carry out a monthly health and safety audit of the environment to make sure it was safe. This covered all areas of the home and included checking fire hazards and exits, maintenance issues and the emergency lighting system. Where actions were needed these had been recorded on a maintenance plan and were undertaken in a timely manner. Water temperatures were checked throughout the service to make sure people were not at risk of getting scalded. The provider had arranged for regular servicing of the gas and electricity systems to ensure they worked correctly and where safe. Weekly checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. Fire drills had been undertaken four times in the previous 12 months. The registered manager monitored which staff and people were present at the service during these drills and ensured that people and staff who were absent during a drill were present for the next one. People had a personal emergency evacuation plan (PEEP). A PEEP sets out a plan for each person to ensure that they can be safely evacuated in the event of an emergency. The induction for new staff also included participating in a fire drill and reading peoples PEEPs to ensure they understood how to support them in the event of a fire.

There continued to be appropriate numbers of staff within the service to keep people safe based on a full assessment of people's care needs. The staff rota showed that the staffing numbers were consistent with what we had been told and observed. Some people benefited from one to one support within the home and in the community to enable them to remain safe. The registered manager had identified that some people needed extra support at particular times during the day and staff were available at these times. For example, one person needed two to one support in the afternoon after returning from an activity. Staff absences, like annual leave were managed in advance to minimise any impact this may have on staffing levels. If staff were off sick the registered manager provided people with the support. The registered manager told us, "We pride ourselves on providing consistency of care and not needing to use agency staff. People have complex needs and we want them to be fully supported by people that know them well". In addition to the care staff, there were administrative staff and a maintenance person employed by the provider who were located on the site. This meant care staff had easy access to this support and could focus on supporting people.

The provider's continued to have an appropriate recruitment policy and process in place which was followed. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding. Records were clear and robust. All applicants had two references, full work histories and had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Medicines continued to be managed safely and people continued to receive them on time. Staff training on how to give people their medicines was up to date. For example, the medicines we checked were in date and were stored safely in a locked cabinet. Bottles and creams were labelled with the date they were opened. Medicines were stored at the right temperature and temperature checks were made daily and recorded. Controlled drugs (Controlled drugs are medicines which are at a higher risk of misuse and therefore need closer monitoring) were kept in a separate suitable locked cupboard. Medicines administration records were complete and accurate. For example, two staff signed to show they had

administered controlled drugs which was in line with the providers policy. Medicines were audited once a week to ensure that all medication was accounted for, in date and stored correctly. When we inspected the service, we observed that this was being done. Some people were prescribed 'as and when necessary' (PRN) medicines. Staff had the guidance necessary to understand when it was appropriate to administer these medicines and how people would react when the drug was administered. The registered manager monitored the use of PRN medication to ensure that it was being used correctly. For example, when one person was frequently requesting a PRN medication the registered manager contacted the persons specialist consultant to alert them to this and request that the persons medication was reviewed. There was guidance for staff on what actions to take if a person declined their medication. For example, where a person declined an essential medicine there was guidance on who to contact and the level of urgency needed to ensure that the person remained well. Where medication was administered covertly there was clear guidance for staff and a best interest review had been undertaken with the appropriate health professionals within the guidelines set out in the Mental Capacity Act 2005.

There were cleaning schedules in place and people were protected from the risk of infection. There were daily, weekly and monthly cleaning schedules which were followed by staff. Staff were provided with infection control training and we observed staff accessing gloves and aprons. There was a legionella risk assessment in place and water temperatures were checked regularly. This ensured that water quality was maintained and reduced the risks of exposure to waterborne illness. The kitchen and food storage areas were clean and free from clutter that could cause bacteria to build up. The dining space was in the conservatory and was clean and well maintained.

Incidents and accidents were recorded by staff. Learning from these was communicated to the staff at team meetings, in support plans and at handover meetings. For example, where a person had caused a risk of harm to themselves the staff had sought guidance from relevant health and social care professionals to prevent further incidents. There was information for staff in the persons support plan on how to prevent further incidents. Learning from accidents and incidents minimised the risks of avoidable harm. Information about safety was analysed for trends to reduce risk.

Is the service effective?

Our findings

When we asked people told us that they had enough support to eat and drink and maintain their health. People also told us that they had regular access to healthcare.

Relatives told us that they thought that the service was effective. One relative told us, "I think the staff are well trained. When my relative comes homes at the weekend they are very good at letting us know what has happened during the week and it's all written down". Another relative told us, "My relative has built up a good bond there. People always have smiles on their faces".

The staff we spoke to told us that they had the skills and training to be effective and were confident in their role. Staff training included medicine administration, positive behaviour support, mental capacity and safeguarding. However, some staff were not up to date with some training. The registered manager told us that they were aware of this and had been working to resolve it. Six staff were not up to date with health and safety training at the time of the inspection. The registered manager told us that trainer for health and safety had been off sick. Since the inspection staff have been booked to attend a training on health and safety. Four staff were not up to date with fire safety training. The registered manager told us that the fire safety trainer had left the company, the provider was in the process of recruiting a new trainer and training would be booked as soon as the new trainer was recruited. The impact on safety and the effectiveness of staff was limited as there were systems, processes and guidance in place and new staff were completing the care certificate. The staff whose training in health and safety and fire safety was overdue had all been with the company for some time and had attended the training previously on an annual basis. There were regular fire drills in place and when we spoke to staff they knew what to do in the event of a fire.

Six staff were not up to date with challenging behaviour training which included learning on safe restraint and de-escalation of incidents, however, the service had not used restraint since the last inspection and there was clear guidance for staff to support people with behaviour that challenged. Staff had also undertaken positive behaviour support training. Since the inspection staff were booked on a course to undertake this training.

We recommend that the provider reviews staff training and ensures that training is up to date in line with the providers policy.

The registered manager told us that when new staff did not already have a higher qualification in care they completed the care certificate. There were new four staff undertaking the care certificate at the time of the inspection. This is an identified set of standards that social care workers work through based on their competency. Staff confirmed they completed an induction which included reading the service's policies, people's support plans and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff told us that there were opportunities to develop. One member of staff had recently completed a higher-level training course and told us, "It's given me a better understanding about how to make things the best for the people who live here".

The registered manager checked how staff were performing regular through one to one supervisions and an annual appraisal of staff's work performance. The registered manager also regularly worked alongside staff and could see how staff performed whilst they worked. Staff confirmed that they had opportunities to meet with the registered manager to discuss their work, performance and training and development needs. One staff told us, "There are regular supervisions and I find these sessions really supportive".

No one had moved in to the service since our last inspection. When people had previously moved in to the service undertook an assessment prior to the person moving in. The assessment included information on person's life history, communication, needs, choices, and preferences. This assessment enabled the service to plan how it would meet the persons needs when they moved in to the service and plan staffing levels. The registered manager told us that people were invited to visit to meet other people. People were also invited for overnight stays prior to moving in full time. Where people's needs had changed their needs had been re-assessed and their support plans had been updated. For example, staff identified that one person needed more support at times during the day and had taken the appropriate action to ensure that the person had the support they needed. When people were able move on to independent living the service supported them to do so by ensuring that they had the skills they needed to live more independently and supporting them to identify a suitable placement.

People did not always require assistance with nutrition or hydration. People were able to choose what they ate and when they ate although staff encouraged people to eat at regular times in order to remain healthy. People used laminated pictures to choose what items were on the menu. Staff told us that sometimes people would eat the same meal and other times they all ate different things and staff supported them to do so. Some people were able to cook for themselves with little or no support. Staff encouraged people to cook and eat healthy. For example, when one person moved to the service they preferred to eat take-aways. Staff encouraged the person to cook for themselves and improve their diet.

Some people were being supported to learn to buy their own meals and cook for themselves. People had been supported by staff to use visual prompt cards which had photos of every step of a recipe to learn how to cook. This had enabled some people to learn to cook more independently. There was a gas and an electric cooker in the kitchen. Staff told us that they supported people to learn to cook using both types of cooker so that they would be able to do so if they moved. For example, some people were planning to move to a non-residential setting such as supported living.

Some people choose not to eat a varied and healthy diet and were being supported to introduce new foods. For example, staff told us they supported one person by slowly introducing new foods and encouraged the person to try it. The service had referred the person to their GP for support to ensure that they were getting all the nutrients they needed to remain healthy.

We observed staff supported people to wash up their dishes after a meal or drink. Staff spoke kindly to people and prompted them when needed. Another person made themselves a drink and staff carried the drink to the room the service user chose to go to.

Where people were at risk of choking whilst eating staff had made a referral to the speech and language therapy team (SaLT). There was clear guidance for staff on how to support the person to manage this risk. For example, to always sit at the table with the person and encourage the person to slow down whilst eating. We observed staff following the guidance set out in the persons plan. These actions reduced the risk of choking occurring and the risk of harm if someone did choke.

There was information in place for people to take with them if they were admitted to hospital. This included

important information that healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

People had access to healthcare to maintain their health and well-being. We saw in people's support plans that they had accessed services such as GP, dentists, and dietitians. Where needed external support and equipment had been secured promptly and helped people continue to live independently and safely. For example, supported to access equipment to help them feel less anxious. We observed that the person had access to this equipment and was able to use it when they needed to.

Staff knew people well and people's health continued to be regularly monitored. For example, staff supported some people to check for signs of ill health or injury when they were unable to do this for themselves. Where people needed to monitor their weight to stay well they were weighed regularly and changes were recorded. This information was recorded and monitored by staff. If there were concerns about the person's weight staff told us that they would contact the relevant health professional. Staff also encouraged people to be active and exercise to maintain a healthy weight and some people went to the gym regularly. Where health and social care professionals had made recommendations, we saw that these had been listened to and were followed. For example, one health and social care professional had recommended that one person undertook special exercise and documents showed that the person was supported to do this on a regular basis.

The premises were adapted to meet people's needs. However, some areas of the services décor were tired and in need of updating. Some communal areas would benefit from being repainted and some of the furniture was scuffed and worn. The registered manager told us that they have raised this with the provider and were waiting for the service to be redecorated but that there was no date planned for this to happen. The registered manager told us that people chose the decoration for their own room. At the time of the inspection, no one at the service was using a wheelchair or needed support to use the stairs. The garden was secure and accessible and we observed people accessing the garden independently and enjoying the space.

We recommend that the provider reviews the environment and decoration of the service and takes action according to their findings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make a decision, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, three people at the service had a DoLS in place and one person was under the court of protection. The registered manager understood their responsibilities under the MCA and had made the appropriate applications to the local authority and notifications to CQC.

Some people at the service had capacity to make their own decisions and choices with support. For example, one person was not subject to DoLS and went out alone. Where people had capacity, they had signed their care plans to consent to care. Where people did not have capacity, there were best interest decisions in place in line with the guidance within the MCA. Other people were offered day to day choices.

We observed staff offering people choices regarding food, drink and how they spent their day. Staff we spoke with understood the principles of the MCA 2005 and were aware of how to respect people's choices. Staff told us that they used supported some people to use pictures to enable them to express their choices. One staff said, "We try and encourage people to make choices, sometimes it's a case of trying something new and judging their reaction to see if they want to carry on or do something else".

Is the service caring?

Our findings

People told us that staff respected their privacy and that staff knocked before they entered their room.

One relative told us, "I think it's great. My relative had tough times before they moved in to the service and was not getting the right care. In our opinion they now get the support they need". Another relative told us, "My relative is happy living there, they seem happier in themselves now".

Staff continued to treat people with compassion and kindness. We observed staff spoke calmly and patiently to people with language that was appropriate to their needs. When we arrived, people were asked if they wanted to meet us and we were introduced. When people did not want to meet us, staff respected their wishes.

People were comfortable and at ease in the company of staff. The atmosphere at the service was relaxed and calm. One relative told us, "Even if someone's upset they're calm, polite and smiling". This helped the people who lived there to remain relaxed too. We observed one member of staff supporting one person to apply some cream to their arm. The member of staff helped the person patiently, supporting them to ensure that they had covered all the areas they needed to.

Staff were aware of what could cause people to become upset and considered people's feelings. For example, staff were mindful of the impact that one person's birthday celebrations would have on another person and were planning ways to ensure that the person did not become upset. When people were upset staff spoke to the person and gave them the time and space they needed to express their feelings. People were praised for being open about their feelings and staff had sought ways to help them feel less upset. Staff had also worked with some people to support them to develop the tools they needed to feel less anxious. For example, staff had supported one person to learn techniques to calm themselves down when they wanted to go to sleep.

Some people needed support to communicate and express their views. Staff had worked with people to identify how they wanted to communicate and how best to support them. For example, one person had a device which had a pictures to speech application. This involved touching a picture on a screen to trigger the device to say a sentence or word. This helped the person to communicate more independently. Staff had considered the use of technology to improve another person's communication but this was assessed as being unsuitable for the person as it would increase their anxiety. Where people preferred to use picture cards staff had worked with people to develop these. We observed that some people had the cards that were important to them on a keyring so that they could carry them around with ease and had access to them when they wanted them.

We observed staff treating people with respect and as individuals with different needs and preferences. Discussion with staff showed that they respected people's diversity and thought that this was important and something that needed to be upheld. They gave us examples of how they had supported people with diverse needs. People confirmed that that they were respected and that they service had supported their

diversity needs.

People had keys to their own rooms and were able to lock them when they went out. Some people were supported to use technology to monitor a long-term condition. The use of technology mean that staff were able to provide people with privacy when they wanted to be alone in their room and during the night time. Another person preferred to sleep with their bed room door open. The provider had put in a second half door which could be freely opened from the inside and could be left open during the day. The mean that the person could leave their bedroom door open and still have privacy in their room when they wanted to do so and come and go freely during the day as they wished.

People at the service were being supported to become more independent. The serviced aimed to support people to learn the skills they needed to move to more independent settings. People were being supported to learn to undertake daily living tasks more independently. We observed people being supported to learn how to do their own laundry and staff was supporting one person to count their money and plan their budget. Staff told us that people had become more independent since they moved to the service. For example, some people were able to undertake more aspects of their own personal care. Other people were able to cook for themselves. People were also encouraged to visit the providers office and liaise with the administration staff, for example, to book their holidays. When people were being supported to learn new independence skills, staff recorded what went well and what challenges the person faced. This enabled staff to support the person to build upon this learning the next time and focus on areas that were challenging. Staff told us, "It's important to us that we promote as much independence as we can. I think it's important to people as well".

Is the service responsive?

Our findings

The service continued to respond to people's needs. People told us that they went out regularly and enjoyed the activities they took part in.

Relatives told us, "They've helped my relative come so far in the time they have been there. The service is perfect for my relative". Another relative said, "I've had no cause to complain. If there's any concerns they always ring me up. They're 100% great".

People's support continued to be based around their needs, choices and aspirations. People's support plans were detailed, reflected people's needs and provided staff with the guidance they needed to support people. For example, plans included information on people's strengths, hobbies and interests, what their goals were and what support they needed to achieve these. Some people's goals included moving to more independent settings and staff were supporting people to develop the skills to do so. Some people were supported to access courses to learn new skills. Where people had found attending a course made them feel anxious staff had looked for new ways to support them to learn the skills they wanted to learn.

Staff knew people well and people were encouraged to participate in activities and try new things. Some people chose to regularly undertake activities together and others chose to have their own schedules. We observed people being supported to go out and undertake the activities they had chosen for the day. One relative told us, "My relative has a packed timetable, they are always busy". People's activities were based on their choices and preferences for example some people liked to go to the theatre and went regularly, other people liked to go out for lunch and to the library.

Some people were supported to have jobs at the service or other services run by the provider. For example, one person worked to maintain the grounds. The provider encouraged people's responsibility to help them prepare for work in the community, for example, if people were unwell they were asked to call in sick for work.

People's plans were reviewed and updated frequently when their needs changed or they wanted to engage in a new activity or change their goals. When people's support plans were reviewed, people, their relatives and health and social care professionals were involved as appropriate depending on the changes that were being made. When changes were made to people's support plans these were discussed at staff handover meetings during shift changes. These meetings ensured that staff kept up to date and shared important information.

People continued to be supported to maintain relationships with those people that were important to them. Some people went to stay with family at the weekend. Relatives told us that they felt free to visit and telephone people when they wanted to. Some people were also supported to use communicate with relatives via video calls. People had been offered support to access places where they could meet new people and potential partners. Some people were in relationships and the service supported people to maintain these relationships.

The service was working according to the framework Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in easy read format and staff used these easy read documents and other pictures explain things to people.

The registered manager told us that they encouraged people to complain and express their views when they were unhappy or wanted something to change. There was an easy read guide to complaints on display at the service and staff had signed peoples support plans to acknowledge that they had explained the complaints policy to people. People and their relatives told us that they knew how to complain and would do so if they felt the need. There had been one complaint since the last inspection. The registered manager had dealt with the complaint appropriately and put in place actions to ensure that the concern would not arise again.

No one at the service was currently being supported with end of life care. Staff had discussed people's religious preferences with them. Staff were aware that people at the service would become anxious and would find end of life difficult to discuss. Staff told us that they had had discussions with some people's relatives and were working to develop end of life plans.

Is the service well-led?

Our findings

People told us that they knew the registered manager well and that they felt that they listened to them.

Relatives told us that they were happy with the service and that the registered manager was approachable. One relative said, "I'm really impressed with the support my relative gets here: It's above and beyond. They keep me informed and I feel like I'm kept in the loop". Another relative said, "I believe that the service is very good and I am happy with it".

The registered manager continued to monitor the quality of service provided. The registered manager worked alongside staff on a regular basis and was able to lead, review and understand staff practice. Appropriate procedures were in place for investigations, staff grievances and disciplinary matters. Checks and audits continued to be completed. The registered manager audited aspects of care such as medicines, health and safety, support plans, training, infection control, fire safety and equipment. These checks ensured that people were getting the right support, that the service was safe and that medicine was being managed safely. The provider undertook unannounced bi-annual audits of the service covering all areas of the service. However, where issues were identified action had not always been taken. The registered manager had identified that some staff training was significantly overdue. Training had not been arranged in line with the providers policy. For example the provider had failed to provide staff with up to date training on health and safety, fire safety and challenging behaviour. We spoke to the registered manager after the inspection. The registered manager told us that since the inspection the provider had arranged training for staff in health and safety and challenging behaviour but not fire safety.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

The registered manager had a clear vision for the service which was based on providing a service which respected people's rights and supported them to become independent, make choices and express their views. Staff were aware and understood the vision and values of the service. Staff told us, "I respect what the company stands for, we are here to promote people's independence and support them to live the best life they can live".

The registered manager had the skills they needed to manage a learning disability service. The registered manager was experienced and demonstrated that they were caring. They had been in post for 4 years and were supported by a deputy manager who had also worked there for a long time.

The staff we spoke to told us that they enjoyed working at the service and felt that there was a positive culture. One staff said, "The staff here are great, we work together like a family and everyone gets on really well. The registered manager is good at recruiting the right staff for the team and for people". Another staff member said, "The provider really cares about the people here and I feel appreciated by the provider". Staff had regular supervision meetings and annual appraisals which gave them an opportunity to discuss how they were feeling and any training needs. This helped to ensure that staff were suitably supported and were

able to provide people with the right support. Staff told us that they felt well supported, one staff said, "I find the registered manager is really supportive. They understand the team and the people who live here and listens". Staff told us that they felt clear about their roles and responsibilities and this was reflected in what we saw on the day. The registered manager said, "I think I have a good team and the staff here have a lot of skills and experience".

The service was able to demonstrate and give examples where it had thought about staffs protected characteristics and had put in appropriate policies and procedures to protect staff. For example, if staff were pregnant appropriate risk assessments had been undertaken and the registered manager was able to demonstrate that they were aware of these assessments and followed them.

Policies and procedures continued to be updated on a regular basis to ensure they reflected current legislation and were available for staff to read. Staff read these as part of their training and induction.

The registered manager was aware of when notifications had to be sent to CQC. These notifications told us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.

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 clearly displayed their rating at the service and on their website.

There were staff meetings every 4 to 6 weeks. Changes to peoples support and other areas of the service were discussed at these meetings. We saw detailed minutes of meetings held, and confirmed that these took place. There was a process for staff to suggestions items for the agenda and records showed that these agenda items were discussed. Any issues or ideas staff had been discussed in their team meetings and supervisions. Staff told us they felt comfortable raising issues and ideas with the registered manager. Staff told us, "If there are incidents or something changes we have a meeting to reflect on this and we are all invited to come up with ideas and solutions". Records showed that staff ideas were listened to. For example, one member of staff suggested arranging an event for people to celebrate the holidays and this had been planned.

People were asked for their views on a regular basis by staff. People, staff, relatives and stakeholders were asked for their feedback through surveys, questionnaires and reviews. This helped the service to understand what people thought of the service and where improvement was needed. People were positive about the service they received and the staff that supported them. When we asked people if they felt listened to they told us that they did.

The registered manager and staff continued to work closely with learning disability health professionals and other health and social care professionals. For example, GP, dieticians, the speech and language team and the consultant psychologist. This enabled the staff to keep up to date with best practice, current guidance and legislation. There was evidence that the registered manager had sought advice and information and worked with other professionals when this was needed and had used this information to update peoples support plans.

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 17 HSCA RA Regulations 2014 Good governance The provider had not taken action to mitigate risks ensuring that staff training was up to date. |