Papillon Care Limited

Heather House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 25 and 26 April 2018 and was unannounced. This was the first inspection following the registration of the new provider Papillon Care Ltd for this location. Although the registration of the provider had changed the service had continued to be provided at the same location. Staff and people who used the service had not changed.

Heather 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.

The home accommodates up to fourteen people in one adapted building and a separate bungalow to the rear of the building. At the time of our inspection there were nine people using the service.

The care service has been developed in line with the values that underpin the CQC guidance, '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.

CQC had received an application from the manager to register. We had accepted their application as being complete with no errors or omissions. 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.

People were supported to live at Heather House by a manager and staff who were committed to their roles and determined to continuously improve the lives of people who used the service. Staff enabled people to play an equal part in their home and community. Therefore, people displayed behaviour which showed they felt valued by those who provided their care.

Arrangements were in place for people to be very active participants in their home to influence how their care was provided and their home managed. Staff listened to people and had made changes as requested by people who used the service.

People's independence was actively promoted. Regardless of the simplicity of tasks, staff recognised people's abilities and involved and supported them to achieve independence.

Throughout our inspection staff consistently displayed caring values as described and expected by the provider. We found staff displayed constant kindness and patience. They promoted people's dignity and privacy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The involvement of relatives in the service further demonstrated a culture of inclusion. Relatives confirmed to us their thoughts and wishes had been sought and acted upon.

People were given their medicines in a safe manner by staff who were trained and competent to do so. In keeping with a national initiative called STOMP-LD (Stopping over-medication of people with learning disabilities) staff had worked with people in a very positive way to reduce their need for mood stabilising medicines.

Vetting checks were carried out on staff before they began working in the home. Staff were supported to meet people's needs through a programme of induction, training and supervision. This was monitored by the manager to ensure staff were up to date in their learning. Staff meetings were held to discuss issues and share information.

Regular checks were carried out in the home at differing intervals which made sure people were safe whilst living in the home and using the garden. Cleaning was carried out daily. The home was clean and well-presented.

At the time of our inspection there were enough staff on duty. The manager was alert to people's changing needs and their wishes. The activities coordinator worked on an evening when people had requested some of their activities. This supported the staff on duty.

People were supported to carry out activities of their choice. Staff made suggestions to people about what they may wish to do and respected their decisions.

Advice and support had been obtained by staff about people's eating and drinking needs. The Speech and Language Therapy Team had recommended some people in the home would benefit from soft diets. Advice was incorporated into people's care plans.

Relatives told us they felt the communication with the staff was good. There were systems in place in the home which supported good communication between the staff and also between the staff, relatives and other professionals.

Care plans and risk assessments were personalised and up to date. These were regularly reviewed by staff on a monthly basis before the manager carried out care file audits. The care plans met the guidance requirements of the National Institute for Health and Care Excellence.

Opportunities were available for people in an easy read format to make a complaint. Relatives had also been advised on how to make a complaint. No complaints had been made.

The manager had a strong personal commitment to making continuous improvements to people's lives. They had introduced many changes into the service which had yet to become embedded.

Systems were in place to monitor the quality and effectiveness of the service including audits and surveys. This had resulted in actions taken to make improvements.

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.

People's medicines were administered in a safe manner.

The home was clean and free from odours with arrangements in place to reduce the risk of cross infection.

Regular safety checks were carried out to ensure people lived in an environment where risks were reduced.

Is the service effective?

Good

The service was effective.

Communications systems were in place to facilitate the exchange of information between staff and between staff and people's relatives.

People's health was closely monitored and other professionals such as doctors were contacted as required.

Staff were given the training and support they needed to carry out their roles.

Is the service caring?

Good

People's care was delivered by a manager and staff who were committed to their role and had the skills and knowledge about people to provide an individual service to everyone living in the home.

People were involved in making decisions about their home and their activities. Staff listened to their wishes and the manager was accountable for them being carried out.

Staff provided a service which respected people's wishes, protected their dignity and privacy and promoted their well-being.

Is the service responsive?

Good

The service was responsive

People's care records were personalised and up to date.

A complaints process was available, although no complaints had been made prior to our inspection.

Activities such as crafts, games and jigsaws were accessible to people. An activities coordinator and the care staff supported people to participate in activities which were meaningful to them

Is the service well-led?

Good

The service was well led.

The manager had introduced a range of new systems and processes to improve the service and support the staff.

Documentation about people's care need used in the home was accurate and up to date.

Audits carried out to monitor the quality of the service led to continuous improvements.

Heather 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.

The inspection site visit activity started on 25 April 2018 and ended on 26 April 2018. It included speaking to people who used the service, speaking to their relatives, carrying out observations and reviewing documentation associated with the regulated activity. This was the first comprehensive inspection of this service following a change in the registered provider.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and safeguarding notifications. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Before we carried out the inspection the provider sent us a Provider Information Return (PIR). We used information the provider sent us in the PIR to inform our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with five people who used the service and eight staff members including the manager, senior care and care staff. We looked at three people's care records as well as medicine administration records, maintenance records and audits carried out by the service. We also carried out observations of people in the home and discussed our findings with the staff on duty and five relatives. We looked at three staff files. We looked around the home and its gardens to check people were safe living in the home. As a part of our inspection we also spoke with two external professionals.

Good

Is the service safe?

Our findings

People were comfortable in the presence of staff. Relatives told us people were safe living at Heather House. One relative confirmed their family member was safe and said, "Yes, very safe, [name] always happy to go back]. Other relatives told us they were happy with the care provided to keep their family member safe. One of them said they had, "No problems."

People were given their medicines in a safe manner. A recently installed air conditioning system meant medicines were kept at the appropriate temperature. Although no one required medicines which needed refrigeration a fridge was available should the need arise. Systems were in place to monitor and record temperatures when required. We looked at people's Medicine Administration Records (MAR) and found these were up to date and accurate. Topical medicines (creams applied to skin) were suitably documented and staff were given guidance on where to apply people's creams through the use of body maps.

Staff were aware of the risks of having too much stock of medicines known as PRN. These are medicines which are used on an 'as and when required' basis. Staff had written clear guidance on how to use these types of medicines. People had been repeatedly prescribed paracetamol which they had not used. Staff felt this was wasteful and looked to address this issue using the provider's homely remedies policy. This meant people still had access to paracetamol when needed but the home did not have to stock repeated and unused paracetamol. During our inspection a visiting pharmacist was carrying out an audit. They described the attitude of the staff towards the administration of people's medicines as being 'helpful' and told us people's medicines were, "Spot-on." Their report showed staff were proficient in administering medicines.

A board had been put up in the home with, 'You Said, We Did.' The board showed the manager and the staff had learnt about people's needs and implemented action to meet them. For example, changes to people's food preferences had been noted as well as a request from people who used the service to have greater access to in-house activities. These were now available in the dining room. Opportunities were available to staff to reflect on their practice and learn lessons to provide the best care for people.

Regular health and safety checks were carried out in the home. These ensured the risks associated with fires and potential scalding were reduced. Staff documented the temperature of people's baths. These were within the nationally recommended temperatures. Regular checks were carried out in the laundry to prevent the build-up of any hazards. Fire wardens carried out daily checks in the home. People had in place personal emergency evacuation plans (PEEPS) which were accessible to emergency services should the need arise. In keeping with actions discussed at a team meeting the inspector as a visitor to the home was given fire safety information.

The home was clean and well-presented and smelled fresh. Risks of cross infection were reduced by regular cleaning. Personal protective clothing was available for staff and people in the kitchen to use before they started cooking.

Staff spoke to us about their concerns in relation to people's changing needs and their need for increased

supervision. We looked at the rota and found there was enough staff on duty. Where people had been assessed as requiring additional staff support, this was provided. The manager told us they had kept this under review. The hours of the activities coordinator were arranged to support people when they returned from their day centres to give them a structure to their evening.

The service had appropriate systems in place to protect people from harm. Staff had been trained in safeguarding vulnerable adults and told us they felt able to raise any safeguarding concerns they may have. The manager had recently used the staff disciplinary procedure to protect people from inappropriate staff behaviour. There were no whistle blowing concerns raised by staff. These are concerns where staff tell others about their worries. In a staff meeting the manager had ensured staff knew how to report these concerns.

Accidents and incidents were monitored by the manager in detail. In addition to monitoring any accidents in the home the manager kept separate records on people's individual falls. They monitored their well-being to see if there were any fall patterns emerging which required additional support.

Staff recruitment was undertaken using vetting checks. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Application forms detailed the previous work experience and learning of new staff. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

People's human rights were protected. We found regular communication between the service and family members to support people's right to family life. People's health and well-being were well supported to maintain their right to life. The manager explained the regular reviews undertaken by the service were intended to spot if people's needs had changed. This meant people were kept safe.

People were protected from discrimination by staff who held values and attitudes which supported equal rights. We found people who used the service were being enabled to live their lives.

Each person's individual care plans were followed by personalised risk assessments. Staff were given guidance on how to reduce any personal risks to people. The provider had risk assessments in place to manage the building and equipment.

Good

Is the service effective?

Our findings

A refurbishment programme had taken place in the home and work was on-going to improve the environment. New stair carpets were being laid during our inspection. A new kitchen had been installed and designed to ensure people had enough space to enter the kitchen and access what they required. This prevented people from bumping into each other which may have resulted in altercations. New lighting in the home meant people were better able to see and orientate themselves. Pictures were used to help people orientate themselves around the home. The manager told us there were further plans to improve people's bedrooms. People had been asked about their wishes. The bedrooms had been painted a neutral colour to refresh the rooms and people had the opportunity to add colour to their rooms through painting walls and adding furnishings.

Although the people who lived at Heather House had done so for a number of years we found pre-admission information had been gathered before they moved in the home. This meant the staff were able to ascertain if they could meet people's needs prior to a decision being made about moving in. New care plan formats had been specifically designed by the manager and provided a unique holistic approach to assessing people's needs. Plans were kept up to date and any changes were documented. Everyone's first care plan was about how each individual person was to be given a voice. Staff enabled people to be equal and have their voice heard.This had resulted in one person feeling increasingly valued. Their relatives told us they had noticed a difference in their demeanour and there had been a significant reduction in the use of mood stabilising drugs which they had taken for decades. They attributed this significant change to the care provided in the service and driven by the manager. We spoke to the manager who told us by changing the way the staff provided care for two people, the use of mood stabilising drugs had been significantly reduced. NHS England in 2016 began an initiative called STOMP-LD which stands for, 'Stopping over-medication of people with learning disabilities'. The service had provided high quality care for people which reflected this initiative. We saw the improvements in one person's behaviour had been noted in a multi-disciplinary meeting.

There was effective working with other professionals. The service involved professionals from other disciplines to support people's care. It used specialists in speech and language and Positive Behaviour Support (PBS). PBS is a method used to address behaviour which challenges the staff and improve the life of the person and those around them. Contact with professionals was documented and their advice implemented. Consequently, there had been a reduction in incidents where one person was given additional support and their periods of distress had significantly reduced.

Advice had been sought by staff in relation to people's diets. People who used the service required soft diets. These were documented in their care plans and staff were able to tell us about people's dietary needs. There was a four-week menu which people had influenced, for example, one person wanted cauliflower cheese and this had been provided. The regional manager in their monthly audit visit in March 2018 had asked the staff to look at ways to display the menu in a suitable way to reflect the needs of people who used the service. Staff had introduced a daily menu with pictures to go on each table. People's food preferences had been obtained using picture cards. Staff had documented people's choices after using the cards to discuss

with each person their personal likes and dislikes. Relatives told us they had no concerns about people's diets and told us no one had lost weight.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found applications had been made. Where requests had been made and these were granted CQC had been notified. The manager maintained a matrix so they knew when applications were due for renewal. After carrying out an assessment the local authority DoLS team had identified additional security arrangements were required for one person. A new key pad had been installed at the front door and people who used the service were told about the new pad in their residents meeting. Arrangements were in place for the service to seek consent to provide people's care form either people who used their service or their next of kin. Staff spoke to people and sought their consent before supporting them.

Staff were provided with a programme of on-going training and support. The manager had a training matrix in place which they monitored to ensure training was up to date. Staff had received regular supervision. Induction arrangements were in place for staff new to the service. Staff confirmed to us the training arrangements and felt suitably supported through the training available. Following a recent diagnosis for one person the manager had attended a train the trainer course on their condition and had arranged to train staff. During our inspection they were talking to staff about the changes which needed to happen as the person's condition progressed. Staff were interested and willing to learn.

Records were in place to show how staff communicated with each other. For example, diaries were in place to monitor people's appointments and a handover sheet was used to pass up to date information between shifts. People's care files contained records of communication with other professionals. Family members we spoke with felt communication between them and the service was good.

Good

Is the service caring?

Our findings

Comments from relatives about the staff included, "Staff are lovely", "Staff are brilliant", "Staff are great" and "Staff are wonderful." One relative described a staff member as, "Absolutely fantastic" for the way in which they were able to engage with their family member. Everyone we spoke with praised the staff for their high standards of care. Relatives spoke with us about people having two families, one by birth and another at Heather House. One relative told us a person was always eager and happy to return to the service. The relative said, "[Name] is content and happy in the home."
There was a strong sense of belonging to Heather House. People approached staff with smiles and great trust. They entered their home with energy and wanted to tell staff about their day with questions about what might be happening that evening. In return staff were genuinely warm, friendly and welcoming. We received enthusiastic nods of the head in response to our questions about the caring nature of staff.

Led by the manager staff were determined to give the best care they could to each individual person who used the service. We found examples of staff delivering the caring values of the organisation. We found staff were committed to the people in the home and were able to tell us about people's backgrounds, their families and what they liked doing. Listening to people was at the heart of the service. Staff understood how people communicated, were able to speak for themselves and have their voice listened to. The first care plan in everyone's care file was entitled 'Self Advocacy'. Staff had also listened to relatives as natural advocates for people who used the service to improve their well-being. This had led to positive changes in people's behaviour. An advocacy service was also available if people needed an independent person to speak up for them.

The theme of people being able to speak for themselves and have choice continued throughout each day. We observed one person telling a member of staff they did not wish to do anything. Staff respected their decision but came back later with an alternative to bake scones which the person readily accepted.

Each person's independence was actively promoted by all the staff. We saw one person did not like doing domestic tasks but their relative confirmed with encouragement they had helped to dry dishes. Other people liked to help with cleaning their rooms and one person preferred to brush their own hair. One person had their meals cooked in the main house away from their own separate accommodation. Arrangements had been put in place to have their meals cooked in their own home alongside opportunities for the person to do their own baking. A cabinet had been acquired to set up an honesty shop. The manager explained some people found it difficult to walk into a shop, choose and pay for goods. They were setting up an in-house shop to promote independence and give people a step by step approach to buying goods. We found staff were prepared to take well managed risks to improve people's independence and ensure they had equal opportunities to purchase their own goods.

The participation of people in the service was meaningful and drove outcomes which in turn promoted their well-being. People were involved in a monthly resident's meeting and said they wanted to play outdoor games. There were photographs on the walls of people playing games in the garden. One person smiled and laughed at the games' photographs as they pointed them out to us. At people's request activities were

provided on an evening. Where people in the meeting had requested specific and personalised support we found staff had responded to each person's needs. People regardless of their learning needs were enabled to play an equal part in their home and community. They had wanted to raise money for others and we saw they had been supported by staff who joined in the charity fundraising.

People discussed suggestions made by staff. They had responded warmly to the suggestion of buying a pet rabbit. Staff then gave people the opportunity to learn about their pet and arranged for a local pet store to come and talk to people about caring for their rabbit. The minutes of the next residents meeting recorded, "Everyone said they were happy that we have a pet rabbit, [person] said she likes stroking her." The manager reviewed the meetings. They checked to see if people's wishes had been adhered to and recorded the outcomes.

During our inspection we found examples of staff kindness and patience. When one person woke up from a deep sleep staff were immediately attentive and spoke with the person in gentle tones. Another person repeatedly asked the same question, staff responded each time in the same cheerful way. If a member of staff chatted to one person they engaged another person in the conversation. People responded warmly to the inclusive way in which staff worked.

The manager had complimented staff on their upbeat approach to delivering personal care which had engaged people. Prompts to support people were carried out in a dignified and unobtrusive manner which protected their privacy. Relatives told us people who used the service were always supported to be well presented in clothing of their choice.

People were respected and informed of any changes to their home. Although the manager arranged for refurbishment work to be carried out when people were out, one person had chosen to be in the home on the day and said some of the noises were too loud. During our inspection work was being done to lay new carpets. Staff closed doors and sympathised with people when they heard noises stemming from carpet laying. They used distraction techniques and humour to avoid the person concentrating on the noises on the staircase until the work was done.

Staff were open to learning about how they could improve the support they gave to people when they were with their family. One person had been on holiday with their family. Staff had arranged for door signs to be taken on holiday by the family to help the person orientate themselves. Their relative told us this had been really useful for their holiday accommodation.

The service was committed to working in partnership with people's families to achieve the best outcomes. Relatives were regularly asked for their views, and told us they had been invited to attend a relative's meeting. In between meetings relatives received a newsletter telling them about the happenings at Heather House. One relative who lived some distance away commented in response to a survey, "The introduction of a monthly newsletter is an excellent idea." Another relative had been invited to train with staff on their family member's recently diagnosed condition.

Good

Is the service responsive?

Our findings

Information was provided to people in easy read formats, this included the service user's guide and the complaints procedure, both of which were on display in the home. Pictures were used to show people what was available for their meals. This meant information had been made available to be people in accessible formats. People's communication needs were assessed and staff were given guidance on the best way to communicate with people. The service had taken steps towards meeting the requirements of the Accessible Information Standard. The Accessible Information Standard states providers of adult social care must identify and meet the information and communication needs of those who use their services.

We observed people approaching staff about their needs and concerns. Staff responded by listening and giving people choices to resolve their issues. They found if they needed to raise an issue of concern staff responded promptly and dealt with issues immediately. People were give equal opportunities to make a complaint. We found no complaints had been raised by family members. The provider had in place a complaints procedure and documentation to support the procedure if required.

Most people who used the service attended a day centre and arrived back at the home where they were greeted by staff. People had developed their own routines for example, to hand their money to staff for safe keeping or check their room. Staff followed people's chosen routines. People were then given the opportunity to do as they wished. Activities such as crafts, jigsaws and games were on display in the dining room and accessible. These had been requested by people in a resident's meeting. The manager told us the Lifestyles Coordinator (activities coordinator) may engage a person in an activity and people gravitate towards the activity and join in. We watched a body art activity commence with one person, and as everyone settled back in the home a number of people moved towards the activity and chose to join in. People who used the service and their relatives were asked about what activities they would like to see in the service. Some people had decided they would like to do more in the garden and plans were afoot to transform the garden over the spring and summer months.

The service had participated in Care Home Open Day. This is a national initiative which supports and encourages care homes to develop improved relationships with their local community. The manager told us they had invited the neighbours who had attended Staff put up photographs of the day for people returning to the care home. As people returned from their day out they smiled at the photographs and were keen to tell the inspector about their open day, particularly laughing at the staff who had got dressed up for the event.

People had structured days in place to ensure they had continuity of access to the community and activities. As a result of local authority reviews the staff needed to support two people to structure their days. They both had weekly structured plans in place which included one person accessing a volunteering opportunity in the community. Plans were subject to change if people wanted to do something different. We observed the plans were being followed and people were familiar with the structure around them. The activities and plans met the National Institute for Health and Care Excellence (NICE) good practice guidance, 'Autism spectrum disorder in adults: diagnosis and management' which was first published in June 2012 and

updated in August 2016'. This guidance requires residential care environments have structured and purposeful activities in place which are designed to promote integration with the local community and use of local amenities. It also requires that activities are clearly timetabled with daily, weekly and sequential programmes that promote choice and autonomy. We found the service met these requirements.

The manager told us they were proud of the care plans they had introduced into the service. We found the care plans to be person centred. Each plan began with a statement of the person's needs and wishes. They went on to remind staff the person had choices to make and gave staff detailed and specific guidance about how to support people. Care plans were comprehensive and included guidance to staff on how to provide people with their personal care, how to approach people, their eating and drinking needs, and their sleeping requirements. In one person's file staff were given advice on how to monitor when a person had calmed down if they had been distressed. Staff told us about how they responded to the person to de-escalate their distress. The care plans met the good practice requirements as outlined in the NICE guidelines on, 'Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges', NICE guideline [NG11] published in May 2015.

Staff monitored contacts with other professionals and amended care plans when necessary. Each person had a nominated key worker with a backup keyworker if required. Keyworkers reviewed people's care plans. We saw where a person's needs changed the plans were immediately updated. For example, two people had their funding withdrawn for day centre provision. They had been involved in setting out a weekly plan with activities of their choice. One person's travel arrangements needed to change so they could exercise their choice to continue as a volunteer. A relative had been involved in their need for changes to their transport arrangements and their care plan updated.

A resident of the day system had been introduced by the manager. They explained this had to be done discreetly to avoid causing any conflict in the group and showed us how staff knew on a small white board in the manager's office who was the resident of the day. The manager had written guidance for staff on what this meant. They told us it was intended to provide a focus on one person whereby staff gave them a little extra time. This prevented any small changes in the person's needs or preferences getting lost.

Staff reviewed both the care plans and the risk assessments each month. The reviews required staff to specify the evidence they had looked at to determine if a person's needs had changed. This meant we were able to follow an audit trail and understand how a person's needs had changed and what plans had been put in place to respond to those changes.

Every six months, the person who used the service, their relatives and professionals were invited to a review meeting to review their current situation and make plans for the future. Relatives confirmed they were asked by staff about their thoughts about each person and what they felt would improve the person's life.

Relatives spoke with us about staff supporting people to enable to continue with relationships which were important to them. They told us about how staff worked with them to prepare people for social meetings, assist with transport, and how they ensured people had the right medicines in place if people stayed overnight with their family members.

Accurate hospital and dental passports were in place for each person. This meant when people required the services of a hospital or dentist information was readily available to other professionals about each person's needs.

The manager was aware to consider people's needs and wishes at the end of their life. At the time of the

inspection there was on one nearing the end of their life. The manager was confident this would be carried out when the time was right to have these difficult conversations.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager who had previously been the acting manager had applied to CQC to register. We had accepted their application.

We found the service to be well led. The manager was passionate and displayed energy to ensure the lives of people who used the service were the best they could be. They worked within the principles of the CQC guidance 'Registering the Right Support' and were developing the service based on choice, promoting independence and inclusion for all people with a learning disability and/or autism.

Relatives we spoke with attributed the improvements they had seen in their family members since the last inspection to manager's leadership. One relative told us the new manager had continued to build on the improvements made by the previous manager. They were confident that given time the improvements would be continued and be sustained. This view was echoed by a professional we spoke with. They told us the service had "Come along a long way since the start of January 2017." Whilst we were able to see the manager had introduced a raft of new initiatives, insufficient time had elapsed for them to be evaluated and embedded in the home.

Staff told us they felt well supported by the manager and the team of staff worked well as everyone knew and understood their respective roles. The manager had high expectations of the staff and was clear in what they expected of them for example the completion of daily paperwork. They had introduced guidance sheets. In a team meeting it was explained to staff that these were intended to be supportive. The manager had taken a number of steps to ensure the service was run effectively. They had devised detailed monitoring arrangements for people. For example, they had used a matrix to ensure people's health needs such as podiatry were up to date.

We found the manager was proactive in the service. A person had recently been diagnosed with a health condition. The manager had sought training and undertaken a train the trainer course so they in turn could train and support staff. A training session had been organised.

People were engaged in the service. In addition to a suggestions box staff held a regular meeting with people who used the service. The manager reviewed the discussions held with people and ensured they were carried out.

There was clear partnership working with family members and other professionals to sustain continued support to people. The manager had put systems in place to address areas of concern and improve partnership working. Staff were given guidance to send a daily sheet of updated information to a day centre to inform staff for example if the person had a good night's sleep and their mood was stable. In return a section was provided for the day centre to tell staff in the home what people had been doing during the day. A signing in and out sheet had been provided for one service to monitor the time they spent with a different service.

Systems were in place which facilitated reflective practice in the staff team. For example, this meant staff worked within a culture where they were encouraged and supported to make continuous improvements. The provider had in place a recognition process for staff who had gone the extra mile. One member of staff had been recognised for initiating the setting up of a sensory room. They confirmed to us they had received the recognition.

The manager held regular staff meetings. Staff were expected to sign a copy of the minutes to confirm they had attended and the minutes were put on staff files to demonstrate staff had been given the required up-to-date information about the service. The minutes of the meeting demonstrated staff had been made aware of policies and procedures and were involved in discussions about the home. Following each meeting the manager reviewed the minutes and provided a review of what had happened since the meeting. For example, staff discussed the need for portion control for two people. The manager reviewed the minutes and found portion control had been implemented to provide a healthier lifestyle.

Due to the refurbishment of the home staff were asked to be vigilant about the potential slips and trips and any fumes. The manager reviewed this and found that although the refurbishment was coming to an end staff were still required to be vigilant. We found there were no incidents or accidents as a result of the improvements being made to the building. Actions were clearly taken following the meetings to resolve issues.

The provider had in place a policy of the month. During the month of April, the policy included information to staff about the use of personal protective equipment (PPE). Information was on display to staff about the use of gloves.

Staff carried out monthly audits of people's care plans towards the middle of each month. This afforded the manager an opportunity to carry out care plan audits on updated care plans. The manager showed us their records to demonstrate each month they audited two to three care plans. The audits carried out identified the actions to be taken.

Audits were carried out by the regional manager on a monthly basis. The audits were arranged to reflect the five key questions asked by CQC – is the service safe, is the service effective, is the service caring, is the service responsive, is the service well-led. We saw these audits identified actions for improvement.

People were encouraged to be part of their community and to continue activities that were important to them. Staff supported people to access community facilities such as a church group. Heather House is on a housing estate where people live as a part of their community. Staff encouraged people to use local shops and assisted them where necessary to use public transport to travel to local venues for social activities. Staff and people who used the service spoke about visiting the local town for their shopping needs, as well as the nearby garden centre which was within walking distance of their home in preparation for their gardening work. In a resident's meeting, staff had suggested the option to attend a local religious service to celebrate Christmas. People who used the service did not wish to take up this option.