Aitch Care Homes (London) Limited

Cloverdale House

Inspection report

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Hove
East Sussex
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Website: www.regard.co.uk

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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 1 and 7 August 2017. The first day was unannounced. Cloverdale House is registered to provide care and accommodation to 11 people. There were nine people living there when we inspected. People cared for were all younger adults. Most people were living with autistic spectrum conditions. Some people had other care needs, including learning disability and epilepsy. Some people needed support with behaviours which may challenge.

Cloverdale House is situated on a quiet residential road in Hove. Accommodation is provided over several floors; there were communal rooms on the ground floor.

Cloverdale House was last inspected on 24 May 2016. At that inspection, they were rated as requiring improvement. The provider was also not meeting the requirements of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014. By this inspection, the provider had taken action and had fully addressed the Regulation.

A registered manager had been appointed since the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider for Cloverdale House is Aitch Care Homes (London) Limited, who provide similar services across a range of areas in the south and east of England.

At the last inspection, people's medicines were not managed so that they received them properly and safely. The provider had addressed this. There were effective systems to ensure people received their medicines. Medicines were stored safely and full records kept. Staff understood their responsibilities for supporting people with taking their medicines.

People's risk was assessed and where risk was identified, they had a care plan drawn up to reduce their risk. Staff followed care plans when supporting people. Staff followed procedures to protect people from risk in the general environment, including fire safety.

Staffing levels had improved and people told us the staff team was now stable. This meant people had improved opportunities to decide how they wanted to spend their days, as well as ensuring their safety. Newly appointed staff had been recruited appropriately to ensure they were safe to work with people.

Staff understood their responsibilities for safeguarding people from risk of abuse. Where people lacked mental capacity appropriate procedures were followed, in accordance with the Mental Capacity Act 2005 (MCA). Where people were subject to a Deprivation of Liberties (DoLS) safeguard, staff were aware of actions to take.

Staff showed a caring, respectful attitude to people. Staff encouraged people's independence and helped them to make choices. People were supported in engaging with life in the home and the local area, as well as with their families. People were encouraged to choose what they wanted to eat and drink and were supported with healthy choices in eating and drinking.

People were involved in drawing up plans about their care. Staff followed these care plans. Staff supported the people who were living with behaviours which may challenge in an appropriate and supportive way. Where people had additional care needs, including medical needs, people had clear care plans and there was evidence of regular liaison with external healthcare professionals.

Staff were trained in meeting people's needs. Staff said the registered manager had further developed ways of supporting them in their role, including by supervision.

People could raise concerns and complaints with managers. The provider's quality audit systems ensured where matters were identified action was taken to ensure people's safety and well-being.

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 managed in a safe way.

People's safety was ensured because risks to them were assessed and care plans developed when relevant, to reduce their risk.

Appropriate staffing levels were maintained to meet people's needs. New staff were recruited in a safe way.

People who could be at risk of abuse were protected by staff who were aware of their responsibilities.

Is the service effective?

Good

The service was effective.

Training and supervision were provided to staff, this was across a range of diverse areas to ensure staff effectively supported people.

People were supported to eat and drink what they preferred. Healthy options were supported.

The requirements of the Mental Capacity Act and Deprivation of Liberties Safeguards were followed.

Staff liaised effectively with relevant external healthcare professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring.

Staff showed a caring, friendly, supportive approach towards people.

People were supported to be involved in making decisions about their care and their independence was encouraged.

People were encouraged to feel at home at Cloverdale House and were supported to be involved in home life, as much as they wanted.

Is the service responsive?

Good

The service was responsive.

People were involved in developing their own care plans. Staff knew how to respond to people's needs and followed people's care plans.

Activities were provided to support people in engaging with what they wanted to do, including both in and outside of the home.

People's concerns and complaints were listened to and action taken to address any matters of concern.

Is the service well-led?

Good

The service was well led.

A registered manager had been appointed since the last inspection. People and staff made positive comments about the registered manager.

The provider and registered manager completed a wide range of audits to assess quality of care. Where issues were identified, they took action to ensure the safety and well-being of people.

The registered manager had instigated changes in the philosophy of care so it was more person-centred. Staff commented positively on this changed approach to providing care.

Cloverdale 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 took place on 1 and 7 August 2017 and was unannounced. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. As part of the inspection, we reviewed the PIR. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and others, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with all nine people who lived at the home and observed their care, including at lunchtime and with activities. We inspected the home, including the kitchen, garden area and some people's bedrooms. We spoke with five of the care workers, the registered manager and two area managers for the provider.

We 'pathway tracked' five of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included six staff recruitment, training and supervision records, medicines records, risk assessments, accident and incident records, quality audits, questionnaire returns and policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection on 24 May 2016, this outcome area was judged to require improvement. The provider was not meeting Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014 in relation to medicines. The provider had taken action and had met the requirements of the Regulation. They had also taken action on other areas relating to people's safety and staffing levels.

At the last inspection, the storage and management of medicines was not carried out in accordance with current professional guidelines and night staff were not trained to administer medicines. The registered manager had addressed this area. People's medicines were now stored safely. Medicines were stored in locked cabinets in people's own rooms. There was also a medicines room, this was used for storage of medicines which could not be stored in people's rooms, for example medicines needing cold storage. The training plan showed all staff working in the home, including night staff, had been trained in supporting people with taking their medicines. This included assessments of their competency. All of the staff we spoke with confirmed they had been trained in supporting people with taking their medicines.

People had clear information about supporting them with their medicines. For example, one person was living with epilepsy. They had clear protocols about how they should be supported, including the administration of emergency medicines if necessary. All of the staff we spoke with knew how to appropriately support this person in accordance with the protocol. One care worker described how the person went out of the home when they wanted with support from staff. Staff took the person's emergency medicines with them at such times. The care worker told us because of the training they had received, they felt confident in using the emergency medicine should they need to. The person also had a clear protocol about ensuring their safety should they experience a seizure. Their records showed emergency services had been contacted when the person's condition had fallen outside the protocol, this had ensured their safety.

People had protocols about 'as required' (PRN) medicines. For example, a person's protocol documented when they were to be supported with taking their mood altering medicine, this included monitoring its effect on the person. We discussed with the provider that some protocols were clearer than others. For example, one care worker told us in detail about how a person who was unable to communicate verbally showed them they were experiencing pain. This was not written down, so all staff could know such information. The registered manager took action on this during the inspection. People had clear instructions about how they wanted to be supported with taking their medicines. For example, one person's care plan described the amount of water they liked with their medicines. Another person's records showed they disliked taking tablets. Their prescriber had been approached to ensure all their medicines were in liquid form.

All people had clear medicines administration records (MAR), these were only completed once the person had taken all of their medicines. Where people went out of the home and needed to take their medicines with them, there was a clear written audit trail to show what they had taken with them. Issues had been identified by staff with the supply and disposal of medicines. The registered manager was currently working with prescribers and the supplying pharmacist to ensure the issues were addressed, so people were not put

at risk of running out of their medicines.

At the last inspection, support to people was not always delivered in accordance with the guidance detailed in their individual support plans. The registered manager had taken action to address this. All people had individually completed risk assessments. One person was assessed as being at risk of infection. The person had a clear risk assessment and care plan. All of the staff knew the appropriate actions they needed to take to reduce this person's risk. There were also clear records to show the person's care plan was being followed, so their risk was reduced. One person wished to do some of their own cooking, they had a clear risk assessment and care plan about this, which identified the key risk to them related to the use of knives. Staff supported the person in a safe way in the kitchen, following their care plan to ensure their safety, while encouraging their independence.

Staff acted appropriately to support people and reduce risk to them. During the inspection, when the weather was hot, staff were aware of when people went outside and if they had remembered to use sun cream. A person showed behaviours which could have put themselves or others at risk. They had a clear care plan about how their safety was to be ensured. Staff followed this care plan to ensure the person and others in the area were safe from risk. Staff supported the person in a calm and friendly manner, as outlined in their care plan, which reduced risk of escalation of the person's behaviours.

The provider ensured the home environment was safe. Regular safety checks were completed, including fire prevention, checks on the hot water systems and equipment used in care. Full records were made about these checks and they were audited regularly by the provider.

At their last inspection, there were not always sufficient numbers of suitable staff employed to keep people safe and meet their needs. The registered manager had reviewed this area. He told us he was aiming to staff the home at 110%, of their agreed staffing levels, so as to be able to ensure appropriate staffing levels during periods of staff sickness or holidays. He said he had nearly achieved this level and had recently interviewed a further prospective member of staff and offered them a job.

There were enough staff deployed to meet people's needs. Where people were not able to go out of the home without support, there were enough staff available to support people in going out when they wanted or needed. For example, one person showed signs of behaviours which may challenge. Staff reported when this happened it was often beneficial for them to go out of the home. We saw there were enough staff on duty to support the person in going out at this time. There were also enough staff to support people in having the lunch of their choice at the time they wanted to eat. All of the staff we spoke with said staffing levels had improved with the appointment of the registered manager and they did not experience any major issues in the numbers of staff on duty.

We discussed a range of scenarios with staff which indicated a person might be at risk of abuse. All of the staff knew the appropriate actions to take. One care worker told us they were aware people living in the home were vulnerable due to a range of areas, they told us a key area for them was "to protect them and make it feel like home." Another care worker told us if they had concerns about a vulnerable person, "I'd take it to [the registered manager's first name]," they said he would, "definitely" do something to address the matter. A different care worker told us if they felt a matter was not being addressed appropriately, "I'd take it to social services at once."

The registered manager made referrals to the local authority safeguarding team when relevant, this included where people had showed abusive behaviours towards others living in the home. This ensured everyone felt protected. Clear records were maintained, including where the local authority safeguarding

team had asked the home to investigate matters. Where this happened there was evidence of actions taken by the managers and in on-going discussions with the person's social worker.

There were effective recruitment systems to ensure prospective staff were safe to work with vulnerable people. These included a work history, health declaration, proof of identity and two references, as well as a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. Where issues were identified, they were explored. For example, one care worker did not have a full employment history, the reasons for this had been documented in their records. Another care worker was not a British or EU resident. They had information on their file to show they had been confirmed by the Home Office as being able to work in this country.

Good

Is the service effective?

Our findings

This outcome area was rated as good at the last inspection. This was because staff had the skills and knowledge to meet people's needs and were supported by regular supervision. People enjoyed the food and were involved in planning, shopping and preparing food every day. The service was meeting the requirements of the MCA and the DoLS. People were supported to access health care services as required and any recommendations from health care professionals were included in care plans. This continued at this inspection.

Care workers told us the training they received enabled them to have the skills and knowledge to meet people's needs. One of the newly employed care workers said they appreciated the way they had been enabled to spend their first week in the home reading all the policies, care plans, and other relevant documentation. This had meant they could familiarise themselves with the home environment and people before they became a member of the staff team. All staff completed an induction programme, which complied with current guidelines; this enabled them to work in care. Files showed all new care workers were offered regular supervision during their induction period so they felt supported in their new role.

All of the staff gave us favourable comments about training. One care worker told us "We're constantly receiving training here," and another "We've lots of training." Staff told us, as well as receiving standard training such as in food hygiene and fire safety, they also received training in areas they needed to enable them to meet people's needs. This included managing people's behaviours which may challenge and supporting people who were living with autistic spectrum conditions. Staff showed an understanding of how to support people with such needs. For example, one care worker showed us a person's weekly timetable which they told us they regularly drew the person's attention to. They said this was because, due to the person living with autism spectrum conditions, they felt insecure if they did not know what they would be doing and when during the week. Staff also showed a good understanding of supporting people who were living with epilepsy. One care worker said their training in epilepsy had made them feel "more confident" in supporting people who could experience seizures.

The registered manager had clear training and supervision plans. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. These plans enabled the registered manager to see at a glance which care workers had undertaken which training and that they were being regularly supervised. The registered manager had delegated individual supervision meetings to senior care workers. The registered manager said they always reviewed each care worker's supervision record so they could identify any areas for action. They said "There's always room for progression" and they were keen to support their staff in developing their skills and knowledge.

The registered manager said they had changed how they offered meals to people. This was because people had different lifestyles, some people liking to eat early, others preferring to eat later on. This meant people no longer sat down to eat all at the same time and were supported to have a meal of their choice when they wanted to, and at a time which suited them. At lunchtime, one person who was sitting at the dining table

with a care worker was gradually joined by three other people. One person had baked beans on toast and three others had soup. Another person came later on and opted for peanut butter and toast, followed by a bowl of yoghurt. One care worker told us, "It's up to people what they want to eat." People were appropriately supported when needed. One person had a bowl fitted with a top edge to help keep the food in the bowl. This meant they were able to eat unaided.

People were supported in eating healthily. One person's records showed their weight had increased. This had been referred to their GP so an appropriate care plan could be developed to support them. Another person told us they had managed to lose weight. They showed us they had a healthy eating guide in their bedroom, plus an exercise chart. They cheerfully showed us a notice to say how well they were doing and how proud everyone was with them. People could have healthy snacks when they wanted. During the afternoon one person was snacking on an apple. They smiled and told us "Apples are good for you."

Staff also ensured that people had sufficient fluids throughout the day, so they didn't become thirsty. One person's records showed they needed to be encouraged to drink fluids. The amount of fluids they drank each day was documented, so this could be analysed over time as part of their care plan reviews. Decaffeinated tea and coffee were readily available, and people could help themselves or be supported to make drinks as they wished. One care worker said decaffeinated tea and coffee was supplied to encourage people in drinking healthily; they also tried to reduce the sweet fizzy drinks offered, for the same reasons. If people did not wish to follow healthy options, there were a wide range of coffee shops and cafes locally which they could go to.

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 application 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

All of the staff understood supporting people in consenting to care was a key aspect of their role. One care worker described a person who found difficulty if they were offered options. They said if the person was given more than two choices they could become upset and agitated. They said all staff needed to understand this when supporting the person in making decisions about their care. The registered manager had made DoLS referrals where relevant. Where DoLS outlined restrictions for people, staff knew about them and the safeguards. For example, a wheelchair user had the use of a lap belt included in their DoLS. A lap belt may be used for a wheelchair user's safety, but it can also act as a restraint. Staff knew about the use of the lap belt and we saw it being used when the person was returning to the home after going out. Where people were not able to advocate for themselves, they had clear records about who their advocate was on file, this included named family members and the Court of Protection.

Care workers told us about their good working relationships with external health care providers. One person was living with a medical condition. Care workers showed a good understanding of how to support the person with this medical condition and maintained a close working relationship with the district nurses. During a handover meeting, one care worker reported to others on a suspected new healthcare need for a person. This had been reported to their GP and they were awaiting a decision about treatment options. One care worker told us about a person who had been undergoing a series of treatments. They told us they read

through the person's records before taking them to appointments. They updated the person's records after each appointment, ready for their next visit and also so all other care workers could know about issues in their treatment.

Good

Is the service caring?

Our findings

At the last inspection, this outcome area was rated as good. Staff treated people with kindness and respect. People were supported to express their individuality and to follow their chosen lifestyles. Staff supported people to maintain independence. People were encouraged to keep in touch with family and friends and were supported to visit relatives. This continued at this inspection.

People told us the atmosphere in the home was caring, they were treated with respect and were supported in making decisions. One person nodded their head vigorously and said "Yes I can choose," another told us "It's a nice atmosphere and the staff here are really nice." A person's relative commented in their questionnaire, "They are very happy here." A care worker told us they "involve them in it completely," about making plans with a person about what they wanted to do.

One person needed to have daily checks on their blood sugar levels. The care worker supporting them fully involved them in the check, helping them to make decisions and respecting their choice. The care worker was friendly and cheerful with the person throughout which also made sure the person did not become nervous. One person who had some verbal communication difficulties had a care plan which clearly set out they wanted to have a person of the same gender as them for personal care. Staff knew about this preference and told us they made sure it was always followed. One person showed behaviours which may challenge during the inspection. The care worker with them remained respectful to the person throughout the time they were supporting them, trying to distract them and remaining calm throughout. When a second care worker came to support the first care worker, they respectfully knocked on the person's room door and entered their room in a quiet, friendly manner. This helped the person in becoming calm again and ensured other people did not become upset.

People were encouraged to be independent, this depended on their individual needs and risk assessments. Some people prepared their own snacks, some their own meals and some did their own laundry, with varying degrees of assistance and supervision from care workers, depending on their individual needs. One person told us "I can access the community whenever I want to." We saw them doing this on both inspection days. One person was being supported to be independent with their own money. When they went out of the home, they were given money to spend, this was broken down into stages for them so they were able to order something in a café, make the correct payment and check receipts. Some people had taken on various roles and responsibilities, so they felt more involved. For example, one person had taken on the role of fire marshall, this included being responsible with a care worker for the weekly fire alarm checks. The person clearly appreciated doing this role. One care worker told us about a person who could lack confidence at times. They were supporting them in gaining experience of being more independent when out of the home. At present they texted their care worker for that day regularly when they went out, so they felt safe out of the home on their own.

The house had a homely atmosphere. People's rooms were very personal in appearance. One person's room was very tidy, as they liked it, another was much less so, which the person said made them feel more at home. People could choose the furnishings for their own rooms. One person had a double bed in their

room because they preferred it to a single bed. The registered manager said since they came in post they had instigated changes which had helped to make it feel more like home. For example, they had introduced drinking glasses, instead of plastic beakers. They said drinking glasses hadn't been used before due to concerns about breakages. These concerns had proved to be unfounded and there had been no breakages. The registered manager had developed the back garden and people and staff now grew many of their own vegetables.

People told us they were supported in remaining engaged with their families. One person said their sister and brother-in-law "came to visit me yesterday," another said their sister "does my hair if it gets too long" and another "my niece came to see me, she took me out to [a local amusement attraction about nine miles from the home], it was a nice drive and I enjoyed a cup of coffee." The registered manager said they understood people's families and friends were a key area of their well-being. One person's family lived at some distance, so they went to stay with them for a weekend at times, another kept in contact with family members who lived at a distance by regular phone calls.

Care workers showed a caring, enabling attitude towards people. One care worker told us about one of the people who could become anxious. They said a key area was to build up their confidence by being supportive and friendly, not dwelling on the areas which had not gone well and emphasising the things which had. People moved about the home as they wanted to. One person wanted to come into a room where staff were having a meeting. The care worker leading the meeting warmly welcomed the person. Shortly after, the person indicated they found the meeting uninteresting and left the room, one of the care workers smiled and thanked them for coming. The registered manager told us since they came in post, they had worked to change staff attitudes, particularly when making records. They said some staff had used wording such as 'misbehaved' in people's records in the past. He had supported staff in understanding using wording which might describe a child's behaviour was not appropriate when documenting how they were supporting adults.

People's personal records were securely locked away. Staff who accessed the cupboards where records were kept, always routinely locked the cupboard again once they had the records they wanted. All personal information held on computer was password protected.

Good

Is the service responsive?

Our findings

At the last inspection, this outcome area was judged to be good. People received support which was person centred and tailored to their individual needs and preferences. There were individual and activity plans to support people to lead active, purposeful lives and be involved in the wider community. There was a complaints procedure and any complaints had been dealt with appropriately. This continued at this inspection.

People told us they were involved in developing their own care plans. One person was trying to lose weight, as well as knowing about their dietary requirements, they also had a small pedal machine, which they used, in their room. They were very proud of their achievements in losing weight and increasing fitness. One person told us they were currently learning how to plan for all their meals, using a weekly budget, with support from staff. A person's relative wrote in their questionnaire "We have good communications with the team."

All of the staff said they always referred to people's individual care plans so they knew how to support each person, and what choices could be offered. They said this was particularly important as many of the people were not able to communicate verbally, so they needed to know people's needs and choices. One care worker said they used Makaton with one person to support communication. Makaton is a language programme using signs and symbols to help people to communicate, it is designed to support spoken language. Another person had a clear care plan about how they communicated. This care plan included the ways they sought attention from staff and the time they needed to be given to process information, for example when they were asked a question. People's care plans were positive in tone, listing the areas they were able to do for themselves, rather than concentrating only on areas where they needed support. We discussed with the registered manager that one person's care plan did not reflect the detailed information about meeting a specific healthcare need, which had been documented in a staff meeting. This could mean some staff may not be aware of this relevant information. The registered manager addressed this matter during the inspection.

Care workers held regular handover meetings at the beginning and ends of shifts, to inform them about people's needs and people's changing needs. We went to a handover meeting. It was a useful vehicle for making sure staff coordinated their approach about meeting people's needs. For example, staff discussed improved outcomes for one of the people who was living with behaviours which may challenge. They also discussed a person who was beginning to show changing continence needs. They developed an action plan for monitoring the situation and agreed an appropriate referral was to be made to a healthcare professional.

We spoke with a care worker about one of the people who was living with behaviours which may challenge. They knew about the triggers for the person's behaviours. The person had a positively worded care plan about how these behaviours were to be managed. The person had been involved in drawing up this plan. When the person became agitated on one of the inspection days, staff followed the care plan, using distraction to support the person. Once the person's condition was stable and safe, a clear record of what had happened was made; this reflected what we saw. A review of the person's records showed, with the

support staff were giving them, there had been a gradual reduction in the person's behaviours which may challenge.

People were positive about the support they had with engagement in activities, both in and outside the home. One person told us, "each week is different," another person said "they encourage me to do art." One person had a keyboard in their room and clearly enjoyed playing music. One person was involved with doing a complex jigsaw; they were supported by a care worker. One care worker told us about different people's ranges of interests and how they also helped people with doing their nails and makeup. Another care worker said arts and craft activities had been developed by the registered manager. Some people's art work was displayed on the corridors. A summer house in the garden had been adapted into a sensory room. People were involved in the decorating and theming of the room.

People were supported in going out of the home as they wished. One care worker told us, "They've got an active life." One person went regularly to a local gym, another person liked the local coffee shops, walking along the sea shore and going to the pier. One care worker told us they were planning to support a person to start going to Aqua Aerobics. During the inspection, a person took a train with a care worker to a local small town, as that was what they wanted to do. One person had been up to London to see a musical. The care worker who accompanied the person described how they had prepared for the trip with the person and how rewarding the person had found it. One person was very keen on going to music gigs. At present the person was accompanied when they did this. The person's plan was that they were working towards going to gigs unaccompanied. One person volunteered twice a week to work at a local charity shop. Another person told us they regularly went to church with their friends.

People said they could raise concerns and complaints if they wished to. One relative wrote in their questionnaire about an issue they had raised stating "senior staff dealt with matters promptly" and another, "We discuss anything as it arises and always receive a positive response." The registered manager held regular individual meetings with people, which they kept records of. During these he always asked the person if they had any concerns or complaints to raise. If they did, the registered manager took action. For example, one person had raised concerns about their irritation with another person who lived at the home. Staff also had a form they could use to support people in raising matters of concern to them if they wished to. One care worker told us about doing this and said the matter was being dealt with. The registered manager maintained a complaints folder. These showed both verbal and written complaints were taken up and responded to, in accordance with the provider's policy. The records of an issue raised by one person's relative were clear, together with actions taken to address the matter, it also outlined how the situation would be reviewed.

Good

Is the service well-led?

Our findings

At the last inspection this outcome area was rated as requiring improvement. This was because there was no registered manager in post. The provider had taken action and a registered manager had now been appointed. At the last inspection, staff understood their roles and responsibilities. Staff spoke positively about their roles and the people they supported. There was a quality assurance system and programme of audits and action plans, these were monitored to ensure that actions were completed in a timely manner. The provider actively sought feedback from people and staff and took appropriate action to improve the service. This continued at this inspection.

People were positive about the management of the home. One person smiled at us and said, "I like it here." One person's relative wrote in their questionnaire, "The management keeps on top of things." One care worker told us there was "Good communication with the manager." Another care worker told us "There seems to have been a settling down of staff and more retention" they said because of this staff were, "happy to work in this setting."

The registered manager was supported by a deputy manager, senior care workers and care workers. Cooking, cleaning and laundry was performed either by people or by staff. Maintenance was performed by contractors and an on-call maintenance worker. The registered manager was supported by an area manager from the provider. There was an on-call system to support staff out of hours.

The provider and registered manager performed regular audits of service provision. This included unannounced spot checks, these took place at night as well as during the day and at weekends. An external pharmacy audit in February 2017 had identified issues in relation to medicines stock levels. Action had been taken to address this. A recent internal medicines audit identified issues relating to late delivery of medicines by the suppling pharmacist. It was clear action was being taken to address this matter with the supplier and prescribers. The audit records showed managers were proactive during audits. For example, during a kitchen audit in April 2017, a care worker was asked to demonstrate they knew how to wash their hands safely. The infection control audit included issues relating to a person who had a tendency to put paper towels down the toilet. This included directions on actions staff were to take to ensure safety in hand drying because of this. The provider had a computerised system to review all accidents and incidents. This enabled review of factors such as where accidents and incidents occurred in the home, and time of day. This meant any trends could be identified and action taken to reduce risk if relevant.

There were regular meetings held with people and staff; these were minuted. People were able to bring up issues if they wanted. For example during a house meeting, one person raised an issue about a curtain rail and a specific activity they wanted to do. Staff meetings involved night as well as day staff to ensure clear communication from management. The team meeting of July 2017 had included discussions about cleanliness and clarity of documentation.

The registered manager said they had worked on supporting staff with improving documentation. He was open to ideas and took action where issued were identified. For example one person had a skin cream

prescribed, instructions said it was to be applied to the person's leg, but did not document which leg. Fire drill records indicated some staff had not attended, in accordance with the provider's policy. The registered manager knew why this was, but it was not documented. The registered manager acted to address such documentary matters when they were identified to him. Other areas were clearly documented. One person had been noted to have a small graze and another person a small bruise. These had been clearly documented, including on a body chart, in the same way as larger injuries. The home had its own vehicle. All staff who drove the vehicle had clear evidence of appropriate checks, and documents were retained on file to show they were safe to drive.

The registered manager told us when they came in post they had found the home wasn't working in a person-centred way. Since then they had worked to change the philosophy of care so it was based round what people wanted and needed. One care worker said the home was now, "Non-hierarchical and based on people's changing needs." Another care worker told us "We now work well together and work with families." Another care worker told us they were now more "hands-on and I feel I am making a difference." The registered manager told us some of the changes they had made were apparently small but they had an effect on people and in changing the philosophy of care, for example, he had instigated having a bowl of fresh fruit out at all times. He said when he started managing the home he had asked why fruit wasn't left out for people, he was told the reason was that people might eat it all. He had changed this attitude and people were now able to eat the fruit they liked, when they wanted.

The registered manager said they had worked with staff to ensure they were more supported and to enable them to take on more responsibility. One care worker said enthusiastically "he's brought in proper supervision." The registered manager said they were aware care workers may need time out from caring for some people and need additional support. One care worker told us they felt supported. They said this was particularly in relation to when people showed behaviours which may challenge. They told us in the past it had not always been possible to report when they had felt stressed after supporting people who had such needs, but they could do this now. Another care worker told us they appreciated the way they were now allowed to instigate things. For example, they had been supported in taking people out regularly on Saturday mornings. One care worker also commented positively on the provider, telling us "they look after their employees."

The registered manager involved staff in decision-making. Minutes of a recent meeting showed they were consulting with staff about a trial of changes in certain shift times. This trial would be reviewed with staff after six months to assess the effect of this change on people and staff. One care worker told us that previously there had been a high turnover of staff, but they were now retaining more staff and agency staff were rarely used. They said the registered manager had "settled things down." Another care worker told us they found work-life balance easier because "there is more consistency about the shift patterns under this manager."

People were supported with being part of the life of Brighton and Hove if they wanted to be. One care worker told us some of the people were known to staff working in the local library and some of the coffee shops nearby. Staff knew the neighbours in the houses next door and they were invited to attend events in the home, together with people's families and friends. Most of the people living in the home had chosen to watch the Brighton Pride procession. Staff said how much people had enjoyed doing this.