Care Quality Commission

Avenues South East

1-3 Emily Jackson Close

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 29 July 2015.

We last inspected the service when it was registered at a different address. At this time the service was meeting the requirements of the regulations.

1-3 Emily Jackson Close provides accommodation with personal care and support to 18 people with learning disabilities and physical disabilities. People had multiple and complex needs and were unable to tell us about their experiences of using the service. We spent time with people and spoke with their relatives and staff to understand whether the care was meeting their needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager of this service oversees the running of the full service and is supported by assistant service managers who are allocated to each of the three bungalows.

Summary of findings

There were not sufficient numbers of staff deployed in the service to meet people's social needs. The service had vacancies for care staff that the registered manager had found difficult to fill. We found that there were often only two staff on duty which meant that people could not choose to go out if they wanted to. People had not been offered sufficient opportunities to go out during July and one person had missed a friend's birthday party due to staff shortages.

People's relatives told us they were happy with the care provided. They told us "It's wonderful" and

"The attention they give people is wonderful." People were safe using the service. Staff understood how to protect them from abuse and how to respond to any concerns about their wellbeing. A relative told us "I have no concerns, X is very safe there."

Staff understood and promoted people's rights. Where people could not make their own decisions staff followed the correct procedures to make a decision on their behalf.

People were supported to take their medication in a safe way. They had their health needs met quickly and staff had followed advice from health professionals that had improved people's well-being.

The service was clean and staff knew what action to take to reduce the risk of infection. Risks to people's safety had been assessed and staff had taken appropriate action to keep people safe. Staff knew how to respond to emergencies.

The procedures for recruiting new staff were robust, ensuring that new staff were fully checked to ensure they were suitable to work with people.

Staff received the training and support they needed to provide safe and effective care. Staff were confident in their roles and understood people's needs. Staff knew people well and treated them with respect. A relative told us that the staff "Really care about people." Staff respected people's individual needs and preferences. They knew what was important to people and delivered personalised care.

People were given a choice of food and drinks and were supported to eat and drink sufficient amounts. The bungalows in which people lived had been adapted to meet their physical needs. This included providing lowered kitchen worktops to enable people to prepare their own meals.

People were encouraged to achieve their goals. They were supported to have their voices heard in their local community and to undertake valued roles.

The service was well led. The provider had a clear vision and values, which was reflected in the way the service was managed. There was an open culture that encouraged feedback from people. Their relatives and from staff. One person's relative told us "I have total confidence in them." The registered manager used systems effectively to check that people received a high quality service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

There were insufficient numbers of staff deployed to fully meet people's needs.

Risks to people's safety and wellbeing were assessed and managed.

People were protected by robust systems for checking the suitability of new staff.

People were protected from the risk of the spread of infection.

People were supported to manage their medicines safely.

Requires Improvement

Is the service effective?
The service was effective.

People were supported by skilled and competent staff. Staff were appropriately supported to provided effective care.

People's right to make their own decisions was upheld.

People had their health needs met and they were supported to eat and drink sufficient amounts to meet their needs.

The premises had been adapted to effectively meet the needs of the people that lived there.

Good

Is the service caring?
The service was caring.

Staff knew people well and used information about their backgrounds and preferences to provide compassionate and personalised care.

Staff treated people with respect and promoted their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People received care that was personalised and reflected their wishes.

People were given the support they required to make a complaint about the service if they needed to.

Good

Is the service well-led?
The service was well led.

The registered manager had developed an open and inclusive culture. Staff were confident in their roles and were involved in making decisions about the service.

Good

Summary of findings

People and their families were asked their views about the service and the feedback was used to improve care.

The registered manager used effective systems for checking that people received high quality care.

1-3 Emily Jackson Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 July 2015. The inspection was carried out by two inspectors 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.

We gathered and reviewed information about the service before the inspection, including information from the local authority. We spoke with the commissioners of the service to gather their views of the care and service. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

People were not able to tell us about their experiences of using the service. We observed the care provided to people in communal areas of the three bungalows and we spoke with 6 people's relatives to gain feedback about the quality of the care provided. We also spoke with eight staff. We looked at care records and associated risk assessments for 5 people. We looked at management and staffing records.

Requires Improvement

Is the service safe?

Our findings

People's relatives told us that they were confident their relative was well cared for and safe. One person told us, "X is wonderfully cared for" and another said, "I have no concerns, X is very safe there." Three people's relatives told us that the service often struggled to recruit enough staff.

The registered provider had identified the number of staff required to support people based on an assessment of their dependency. Since our last inspection of the service, under a previously registered address, the registered manager had deployed an additional staff member to work at night on a 'sleep in' shift to help people who needed to use a hoist and to be available for emergencies. The service had seven vacancies for care staff. Some of the vacant shifts had been covered by staff working additional hours and by the use of bank staff who worked regularly in the service and knew people well. The registered manager told us they had found it difficult to fill the vacancies and were continuing to try to recruit new staff. There were sufficient staff deployed in the service to keep people safe, however we found that staffing numbers were often reduced which had impacted on how often people could go out. In one bungalow there were regularly only two staff on duty on an afternoon shift. This meant that during this time, people could not go out to use facilities in their local community as both staff were required to remain in the bungalow to help people that needed to mobilise using a hoist. In another bungalow there were only two staff on duty until 11am the morning of the inspection, due to staff sickness. Again this meant that people were not able to go out had they wished to. Staff told us "When we are short staffed we are able to keep people safe and comfortable, but what goes is the activities."

The staff rotas showed that for pre-planned activities, such as theatre trips and going on holiday, extra staff were usually provided to enable this to happen. However, we found that a person had recently been unable to attend a friend's birthday party as another person was already going out and there were no other staff available to drive the vehicle. Staff had not arranged for the person to use public transport such as a wheelchair accessible taxi.

We looked at five people's activity records and found that they had not been given sufficient opportunities to go out for social activities during July. One person had been out for a long walk once during July and another person had been out for coffee once, but there were no other community based activities recorded. We asked staff if this was accurate and they told us "There have been lots of staff shortages lately and it has meant people have not always been able to get out." One person had been out twice, to the library and for coffee. The fourth person had been out twice with their relative, but no other community based activities had been provided by staff. One person's care plan stated that they were to be supported to go to the pub with their friend once a week. Staff said this often happened, but the records did not confirm this. Staff were not able to confirm when the person last went to the pub.

There were not always enough staff to meet people's social needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care and support. All potential employees were interviewed by the registered manager to ensure they were suitable for the role. All new staff were required to undergo a six month probationary period and there was a disciplinary procedure in place to respond to any poor practice. This meant that people were only supported by staff who had been checked to ensure they were safe and suitable to work with them.

The provider had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that can provide advice and support. Staff we spoke with understood what was meant by abuse and the action they needed to take to keep people safe. Staff told us they were confident to report abuse and they knew how to do so, both within and outside regular office hours. An on call system was in place to ensure staff could access a manager outside of office hours. Staff had received training in safeguarding, which had been updated annually, and area managers had checked their understanding of the policy at monthly audits of the service. The registered manager and assistant service managers had attended training with the local

Is the service safe?

authority safeguarding team to provide them with an in-depth understanding of the multi-agency policies and procedures in place to keep people safe. The registered provider had set up an anonymous whistle blowing telephone line that allowed staff to raise concerns about poor practice if they needed to. Staff also knew how to blow the whistle on poor practice to agencies outside the organisation, to ensure people were protected from the risk of harm and abuse.

People's money and personal belongings were kept safe. The registered manager and area manager made regular checks to ensure that, where staff were helping people manage their money, the correct procedures had been followed to safeguard their funds. People had a list of their valuables and staff maintained this on their behalf. Each person had been supported to develop a set of rules for staff to adhere to called 'My house, my rules.' We saw staff following the rules, for example knocking on people's bedroom doors before entering and supporting people to open their own front door to visitors. Staff had advocated on behalf of people when they were unhappy with the service they were receiving from their GP. The registered manager had worked with the GP to resolve this and to ensure that people's right to effective treatment was upheld. As a result people were receiving an improved service. This promoted and respected people's rights.

The risks to individuals had been assessed and plans put in place to minimise risks and keep people as safe as possible. For example, one person's health needs meant they spent a lot of time resting in bed. The risk of breakdown of the person's skin had been assessed and action taken to minimise this including a plan for regularly repositioning them to reduce pressure. Where needed people had pressure relieving mattresses. Staff repositioned the person regularly throughout the day. A plan was in place to ensure that staff spent 15 minutes of every hour with the person to remove the risk of social isolation. The person enjoyed being read to and we saw staff reading to the person at regular intervals during our inspection. Many of the people using the service required support with their mobility. Their individual needs had been assessed and a plan put in place to ensure staff knew how to help them move safely. This included the equipment they required and detailed the support the needed. We saw that staff followed the plans, for example by using the equipment people needed in the correct way. This ensured that people were kept as safe as possible.

The risks associated with emergency situations had been considered and assessed, and plans drawn up to respond to different types of emergencies. Each person had a personal evacuation plan that informed staff how to safely evacuate them from the building in an emergency, for example in the event of a fire. Equipment for moving people safely in the event of a fire was in place. Staff were clear about the procedures they needed to follow in the event of an emergency. There was an emergency plan in place that arrangements for temporary accommodation should it be required in the event of an emergency. The registered manager and senior staff in charge were aware of the plans. Each person had a missing person's profile. This detailed information about the person and their needs for use by the appropriate authorities should a person ever go missing. People who were at risk from epileptic seizures during the night had equipment in place that alerted staff should they have a seizure. Plans were in place to reduce the risks associated with a heatwave, for example by providing cool air units and additional fluids to people. Staff were clear about the action they needed to take to respond to people's individual needs in the event of an emergency to ensure people's safety and wellbeing.

The registered manager and area manager carried out health and safety audits each month to ensure the premises and equipment were safe and appropriate for use. Equipment was serviced annually and daily checks were made of the condition of hoist slings and bed rails to ensure people's safety. We saw that staff ensured that equipment was stored safely to enable people to move around without the risk of trips and falls. Where repairs to the premises had been required the registered manager had reported this to the maintenance department and action had been taken quickly to put things right. People were protected against the risk of unsafe premises and equipment.

Staff reported accidents and incidents to the registered manager who was responsible for ensuring appropriate action had been taken to reduce the risk of incidents happening again. We saw that appropriate action had been taken in response to accidents. For example where a person had fallen the person's risk assessment had been reviewed and updated to reduce the risk of it happening again. The registered provider had an effective system for identifying trends in accidents and incidents. They monitored this each month with the area manager and discussed trends to agree any further required action.

Requires Improvement

Is the service safe?

People were supported to manage their medicines safely. Staff ensured that people's prescribed medicines were ordered from the pharmacy and stored securely and according to the manufacturer's guidance. The temperature of medicine storage areas was monitored and action taken if it became too warm. This included using ice packs and fans to cool the area. People had been supported to take their medicine at the time they needed it and an accurate record of the medicines people had taken was maintained. Staff only administered medicines to people once they had received training and been assessed as competent to do so. Staff told us that they had been given detailed training and guidance including information about what people's medicines were prescribed for and how to identify any side effects. This ensured that people received their medicines in a safe way and at the time they needed them.

The infection control policy had been reviewed in September 2014 and staff were clear about their responsibilities to reduce the risk of infection. Each bungalow had a lead for infection control to ensure that staff were made aware of new infection control information. The bungalows were clean and staff followed cleaning schedules for daily, weekly and deep cleaning. The daily cleaning rota included hoists, bathrooms and toilets. Staff had signed to confirm the tasks had been completed. Wheelchairs were regularly cleaned. Staff had access to plenty of personal protective equipment, such as gloves and aprons which were available in each person's room. There was a sluice cycle on the washing machines to deal with soiled laundry and we saw staff use red dissolvable bags to transport soiled laundry to the laundry rooms. Staff had completed infection control and food hygiene training and there was guidance about effective handwashing above basins around the service. Staff were seen frequently washing their hands. Staff took appropriate action to reduce the risk of the spread of infection in the service.

Good

Is the service effective?

Our findings

People's relatives told us that the staff understood what care their relative needed and were skilled to provide this. They told us that they were confident that their relatives health needs were met. One person told us, "The staff always phone if X is unwell and update me about what is happening."

All staff had completed an induction when they started in their role. Learning and development included face to face training courses, eLearning, on the job coaching and workbook assessments. Staff did not work alone until they were assessed as competent to do so. Staff spoke positively about their induction. One staff said, "This is the best induction I have ever had, I feel completely supported." Another told us, "They let you shadow for as long as you need to, until you feel confident." A staff member told us that their colleagues had taken time to give them information about why things needed to be done a certain way, so that they could fully understand people's needs. Staff completing their induction had their progress reviewed after one, three and six months to ensure their understanding from the learning and to identify further training needs.

Staff told us they received the training they needed to carry out their roles effectively. All staff members had a personal development plan. Staff told us, "The training is very good and there is lots of it" and "I am very happy with the training, I go to as much as I can, it keeps me up to date." A staff member told us, "The training is very good, I had mental capacity act training and I learnt a lot." A senior staff member said, "I am a medicines assessor and requested an update to my medicines training again, so I am doing that." Staff were required to complete essential training courses, such as first aid and the mental capacity act, and best practice courses, such as epilepsy and behaviours that challenge. All staff had completed a relevant health and social care qualification or were registered to do so. Staff in senior and management roles had been provided with leadership training and had completed or enrolled for leadership qualifications. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

The registered provider showed that they were committed to supporting their employees. The organisation was signed up to a "mindfulness in practice" programme which staff could access to develop skills for managing stress and their emotional wellbeing. The provider had achieved recognised accreditation schemes, including 'Mindful employer' and 'Investors in people'. Staff met with their relevant line manager monthly to discuss their work and agree areas for development. Staff and managers were encouraged to reflect on how they managed situations to help them improve their practice. There were monthly staff meetings held for each bungalow and staff said they found these useful. Each year staff had an appraisal of their performance and set objectives to challenge them the following year. Staff told us that they felt supported in their roles and enjoyed their work. One staff said, "We have a nice team here" and another said, "Everyone really knows their role." People were supported by staff that had opportunities to reflect on their practice and develop their skills.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people's human and legal rights were respected. Staff asked people for their consent before providing care and support, for example staff asked "Are you happy to take your medicines" and they respected people's decisions. People were offered choices, for example staff took people into the kitchen individually and offered a choice of drink by showing them the options. Staff said it was important to offer choice, but not overload people with too many options to enable them to make decisions. Choice was also offered in relation to aspects of personal support, such as preferring a bath or shower and when to get up or go to bed. Staff knew people well and understood how to offer people choices in a way they would understand and how to help them make decisions.

Where people had difficulty making decisions the registered manager had assessed their capacity to make the decision and, if they were unable to do so, had held a best interest meeting to make a decision on their behalf. A staff member said, "We have to act in their best interests, we have guidelines in each house about decision making". A best interests decision had been made on behalf of a person who required an operation and for people who needed to use bed safety rails. Staff told us a best interests meeting had been recently held to make a decision about

where a person should live. It had involved staff from the service, family members and health and social care professionals. The appropriate procedures had been followed to ensure that people's rights were upheld.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The manager understood when an application should be made and was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. DoLS applications had been made as required for people to ensure they were not deprived of their liberty unnecessarily. We saw several applications had been submitted and some authorisations granted. One authorisation was in place for a person who was at risk of leaving their bungalow alone. The doors were alarmed to alert staff if this happened. Staff were aware of the requirement to support the person to go out if they were indicating they wished to.

People's cultural needs had been assessed and their care plan contained guidance for staff to ensure their needs were met. Some people enjoyed attending religious services and staff supported them to do so. Where possible staff with the same religious beliefs were provided to support people. Where people had specific cultural or religious requirements, for example a person who required a specific diet, this had been planned and provided.

People were provided with a varied menu and supported to make choices about what they ate and drank. Staff were creative in how they supported people to be involved in planning the menus. Pictures were used to help people make choices and opportunity sessions were used for people to try different foods before deciding whether they should be included in the menu. Menus were planned with people every six weeks. If people did not want what was on the menu for the day they were able to choose an alternative. Staff were flexible in the provision of meals, for example in one bungalow two people preferred their main cooked meal at lunchtime whilst others preferred to eat in the evening. Staff helped people freshly prepare their meal at the time that suited them. One person preferred to eat finger foods. Staff had developed a list of meals that met the person's needs. Staff were aware of people's preferences of where they ate their meal and who with, for example they knew that two people did not like to eat together as they preferred a different mealtime environment. A dietician was involved to provide guidance to people and staff about healthy eating and staff used a five a day chart to assist people to eat a balanced diet.

People's nutritional needs had been assessed and staff understood them. A member of staff told us that one person needed small portions. We saw that people were provided with varying sized portions that met their needs. Staff understood how to meet people's dietary needs, for example those with health conditions such as diabetes and people who had specific cultural diets. People's care plans outlined the support they needed to eat their meals and we saw that staff provided this. Staff did not rush people and chatted with them to create an enjoyable mealtime experience. People were supported to eat and drink enough to meet their needs.

People had health action plans that ensured their health needs were identified and met. Some people were unable to tell staff if they were unwell. Staff knew people well and care plans included information about how to recognise the signs of pain for that individual. People were supported to attend routine appointments and records were kept of each medical appointment. Staff understood how to meet people's specific health needs. There was clear guidance for staff to follow to care for a person who used a catheter. This included how to identify the signs of infection and what action to take. Staff followed advice and recommendations from health professionals, such as carrying out a programme of exercises set by an occupational therapist. The assistant service manager from one bungalow told us each person had time out of their wheelchairs most days to help prevent pressure areas. We saw that some people were taking bed rest for part of the afternoon during the inspection. People regularly accessed physiotherapy and sensory sessions at the therapy centre located on the same site as the service.

Staff provided examples of improvements to people's health. Staff had supported a person with diabetes to follow a suitable diet which had successfully resulted in them no longer requiring diabetic medicines. One person was prone to frequent chest infections. Staff had followed guidance about regular stretching exercises recommended by a physiotherapist and this had resulted in overall improvement in health and no more chest infections. When one person first moved to the service they received their medicines through syringes into their mouth. Following

Good

Is the service effective?

guidance from the speech therapist and GP, the person was now able to take their medicines orally without the use of a syringe. Staff were proud of the improvements to people's health and they told us they, "Improved people's quality of life." Staff contacted health professionals appropriately for advice. There were comprehensive hospital care plans with red/amber/green sections for essential and other information needed, if a person had to go to hospital. People's preferences were included in the plan such as how they took their medicines and their nutritional needs.

The bungalows had been built and adapted to meet the needs of people with physical disabilities. Hallways and doorways were widened to accommodate people's wheelchairs and hoisting equipment. There were lowered worktops in the kitchens to enable people to be involved in preparing their meals and drinks. All bedrooms had en-suite bathroom facilities that were flexible in design to accommodate a shower chair or shower bed depending on the person's needs. The registered manager had worked with health professionals to ensure people had the equipment they needed to meet their needs such as height adjustable beds and hoists.

Good

Is the service caring?

Our findings

People's relatives told us that the staff were kind and caring. One person said, "They [the staff] are incredible" and another commented, "The attention they give people is wonderful." People's relatives told us that the staff, "Really care about people" and one told us that staff had supported a person whilst they were in hospital even though it was their day off. Relatives told us that staff took care to meet people's needs and paid attention to detail. One told us that their relative was, "Always pristine and well presented." We saw that people were relaxed in the company of the staff that supported them and people were joking and laughing together. There was a calm and friendly atmosphere and staff engaged positively with people.

Staff understood people's needs very well. They knew what was important to them as individuals and provided us with accurate information about people's interests, needs, daily routines and preferences. A staff member told us "They are all very individual and we understand them." Each person had an 'About me' profile that included important information about their life, their background and their interests. One person's profile included information about their preferred music tastes. Staff told us that the person loved music and they were aware of the music they preferred to listen to. Staff told us about one person who had grown up on a farm and had a passion for animals. Staff had supported the person to buy and care for pets.

Staff treated people as individuals. They used their names and understood people's methods of communication. A staff member explained how they had worked with a person for a long time and understood that they used facial expressions and a change of head position to communicate. Staff were sensitive to the non-verbal cues people displayed to indicate how they were feeling. One person was using signs and staff were confident in explaining to us what the signs meant. Staff involved people in their conversations with us. They got down to people's level if they needed to speak with them.

Staff offered people plenty of opportunities to be independent as possible. People were helped to lay the table, prepare drinks and meals, vacuum, do their laundry and help in the garden. One person was supported to bake a cake to share with others in their home. If people could not be physically involved, the staff talked with them about what they were doing and showed them items they were using or preparing. A member of staff said, "Our role is to involve them as much as possible in everyday life." People's care records showed that they had daily opportunities to be involved in household tasks and to develop their skills. Staff showed that they respected people's individual skills and contributions. When involving a person in preparing a meal the staff said to the person, "Thank you for helping me."

Staff promoted people's privacy and dignity. Personal care was provided in private. Staff spoke to people respectfully and did not discuss others within their hearing. One person's care plan stated that they liked to spend some time on their own in their room each day. Staff told us this was their preference and we saw the person was supported to do this during the afternoon.

Good

Is the service responsive?

Our findings

People's relatives told us that they were supported to do the things they enjoyed. One person told us "Their lifestyle is just how they would want it." They told us that staff supported people to celebrate their birthdays and that there were "Lots of social gatherings and parties" held in the bungalows where friends and family were invited. We saw that staff delivered care that met people's individual needs and preferences.

People were occupied with activities that reflected their preferences whilst they were at home. One person was enjoying a visit from a 'Pets as Therapy' dog. One person was enjoying using their swing in the garden and others played games as a group. Some people were baking and others were doing a craft activity to make signs for their doors and fridge magnets. A staff member was carrying out an opportunity session with one person. They showed the person pictures of foods and meals, so that they could choose some they wished to try for inclusion on the menu. Staff spoke of other opportunity sessions that had been held including one to find out what type of music people liked, they told us they had found out a person liked songs from musicals and another person liked classical music. This information had been included in people's care plans.

People's care plans were personalised. They gave staff information about the way the person preferred to be supported, for example when they preferred to bathe or shower and how much the person could do for themselves. Staff were able to tell us what was important to people. For example they said one person "loves a bath with bubbles, so we make that part of each day." Opportunity sessions had been used to establish if people had a preference of male or female carer and this had been recorded and followed. There were detailed guidelines for staff to follow in relation to people's moving and handling needs and the use of equipment. Where people had limited mobility staff had recorded in their care plan what their preferred sleeping position was and how often they should be moved to avoid the risk of pressure areas on the skin.

Each person had a detailed communication passport that informed staff how to effectively communicate with them. It gave examples of the types of things the person may be expressing and what was important to them. There was information for staff to follow in recognising what the person was expressing through different behaviours. Staff told us, "By understanding what different behaviours mean for each person we are able to reduce their frustration." Staff told us people were involved in their care planning and they sat with them and discussed the information. People's personalised plans had been reviewed monthly. During the inspection a staff member sat with a person and discussed what they had written in their activities book that day.

Important relationships were promoted. People were supported to contact their relatives by telephone regularly and some people used email. Staff had helped a person send photographs to their relative of interesting activities they had taken part in. Relatives told us that they could visit at any time without any restrictions. People were supported to remember family birthdays and send cards and letters. One person had been supported by the provider to move into the service with their friend. It was important to the person that they continued to live together and the provider had ensured this was accommodated.

People were asked what their goals and aspirations were. Opportunity sessions were used to help people decide on their goals and express these. Some people had put these up on their bedroom wall. One person had wanted to see a live band and another to visit Harry Potter World. These had been achieved. Another person had pets and had wanted to buy a bench so that they could sit outside to watch their animals. This was being arranged. People had been supported to choose where they would like to go on holiday and these were being planned. Birthdays were celebrated. A party had recently been held for a person's 40th birthday where other people using the service and relatives had attended.

During the inspection one person was being supported to attend a meeting with a staff from the "Community Futures" charity, which is part of The Avenues Group, to plan a champagne reception. This had been an aspiration they had expressed. It was to be held at a local school and the school's pupils were involved in the planning with the person. Staff explained the role of the charity was "To break down barriers between people and the local community". The person was excited about the planning and with the help of staff made choices about the arrangements.

There was a clear complaints procedure in place for people and their family to follow if they needed to raise any concerns. This had been produced as an easy read version

Good

Is the service responsive?

with pictures to help people understand the procedure. There had been no complaints made. Staff held monthly meeting with each person to check if they were happy with their care and to ensure their needs were being met. Relatives told us that they knew how to make a complaint if they needed to and felt confident they would be listened to.

Good

Is the service well-led?

Our findings

People's relatives told us that they felt the service was managed effectively. One person told us "I have total confidence in them." Another person told us, "It's the best place she's ever been." We saw that there was a relaxed and friendly atmosphere in the service. Staff were confident to approach the manager to discuss people's care and make suggestions.

The registered manager had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff were able to use the 'ASK EMT' email to raise questions about organisational policy and direction with members of the executive management team. The registered manager was supported by an area manager and attended monthly management meetings to share learning and practice ideas with managers from other services. This ensured staff were involved in developing the service.

The registered provider had clear vision and values that were person centred and focussed on people having the opportunity to be active citizens in their local communities. One person was a member of the District Partnership Group which worked with the local council to improve community access for people with disabilities. They had advocated on behalf of others using the service to improve access to facilities in the local town. As a result there had been some widening of pavements and improved access to shops. Some people had been supported to work as mystery shoppers to provide feedback about community services and facilities. Further training was being planned to enable more people to do this. Staff told us that they supported people to grow vegetables and they held a small market at the service for people in the local community to come and buy produce. Staff told us "This helps us connect with our community."

The service had actively sought and acted upon the views of others. This included an annual survey and monthly visits by area managers to seek feedback from people the service supports. Relatives told us they were frequently asked for their views and could speak with the registered manager at any time. People were involved in interviewing new staff to work with them and they made decisions about routines in their home. People's views were sought and respected by staff.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and proactively shared identified risks and plans for improvement.

Staff knew what was expected of them in their roles and they were confident in carrying out their duties. They knew about the relevant policies and procedures and where to locate them. Staff told us they felt supported in their roles. One staff member told us "We can always ask about things, we are a small group but work well together." Another said, "They are supportive, showing you everything; I have the best team."

There was a programme of quality assurance audits carried out on a weekly and monthly basis. This included audits by the area manager. Person centred active support observations were used to observe staff in practice and give them feedback about the way they support people. The registered manager visited each part of the service daily to check the standards of care. This included speaking with people and staff to review the effectiveness of the support provided. We saw that improvements that had been recommended at the previous audit had been made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **There were insufficient numbers of staff deployed to meet people's social needs.**