East View Housing Management Limited

# East View Housing Management Limited - 6 High Beech Close

**Inspection report**

6 High Beech Close
St Leonards On Sea
East Sussex
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Date of inspection visit: 17 November 2015
Date of publication: 07/01/2016

## 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 |

## Overall summary

This inspection took place on 17 November 2015. To ensure we met staff and the people that lived at the service, we gave short notice of our inspection.

This location is registered to provide accommodation and personal care to a maximum of four people with learning disabilities and for people with an autism spectrum disorder. Four people lived at the service at the time of our inspection.

# Summary of findings

People who lived at the service were adults with learning disabilities. People had different communication needs. Some people communicated verbally. Other people communicated using sign language, gestures and body language. We talked directly with people and used observations to better understand people's needs.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were continually reviewed.

Staff were competent to meet people's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to assess whether a person needed a DoLS.

Staff supported people to make meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People were satisfied about how their care and treatment was delivered. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation and relatives were invited to attend the reviews and contribute.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves. People were involved in planning activities of their choice.

People received care that responded to their individual care and support needs. People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

People and staff were encouraged to comment on the service provided and their feedback was used to identify service improvements. There were audit processes in place to monitor the quality of the 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 safe.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment systems were in place to ensure the staff were suitable to work with people who lived in the service.

Good

**Is the service effective?**
The service was effective.

Staff had received regular supervision to monitor their performance and development needs. The registered manager held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Good

**Is the service caring?**
The service was caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good

**Is the service responsive?**
The service was responsive.

Staff consistently responded to people's individual needs.

People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

Good

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

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences and ensured people remained as independent as possible.

The registered manager was visible and accessible to people and staff. They encouraged people and staff to talk with them and promoted open communication. Staff were motivated and said they felt supported in their work.

There were quality assurance systems in place to drive improvements to the service.

Good

# East View Housing Management Limited - 6 High Beech 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 checked whether the provider was 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 was undertaken by one inspector. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we usually ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we had not requested that the provider completed a PIR on this occasion and we took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and two members of staff. We spoke with people who lived at the service. We used observations and talked with staff to better understand people's needs. We made informal observations of care, to help us understand the experience of people who used non-verbal communication. We looked at four care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we received written feedback from three health professionals that had direct knowledge of the service.

Good

# Is the service safe?

## Our findings

People were supported to keep safe. Staff looked out for signs of pain or distress where people used non-verbal communication. Staff had a good understanding of people's needs as they understood people's individual communication methods. Staff said, "I have had safeguarding training. I ensure people are safe at the home and treat people correctly. I look out for any physical signs of concern, such as bruises. I complete incident forms and report anything of concern to the manager, on-call or social services."

People had requested information on what happened if they chose to vote in an election during one of their house meetings. This was prompted by people answering the door to canvassers prior to the last election. This led to a discussion about the voting system. After this discussion people were supported to visit the Houses of Parliament to see where laws were passed and where people worked when they were voted into government. People were provided with a guided tour using accessible information to support people's understanding of voting systems and the parliamentary process. People were encouraged and supported to understand their human rights and were given information on voting practices to encourage them to understand their rights to vote if they wished.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the registered manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults and that safeguarding policies were discussed in staff meetings. Contact details for the local authority safeguarding team were available to staff if they needed to report a concern. There was a whistleblowing policy in place. Staff were aware of the policy and would not hesitate to report any concerns they had about potentially poor care practices.

One incident occurred where a person had altercations with other people in the home. The registered manager referred this safeguarding concern to the local authority and worked with them to ensure people were safe. The registered manager implemented measures to reduce further risks. They observed that incidents tended to occur in the morning and was possibly due to the person's sleep pattern. The registered manager adjusted the staff shifts to ensure the person had support earlier in the morning in line with their routines. Staff introduced low stimulus activities such as arts and crafts to relax the person before going to bed in the evening. Staff supported the person to attend health appointments to support them to manage their anxiety. There were no reoccurrences of these safeguarding incidents due to these measures taken.

There was an adequate number of staff deployed to meet people's needs. The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Staff retention was high amongst the core staff team. This promoted a positive environment and consistent support service for people. Staff were available when people needed to attend medical appointments, social activities or other events. The registered manager ensured that additional staffing hours were allocated to appropriately support the person. This meant that additional staff were deployed when necessary to meet people's needs.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable. Staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. Evacuation drills were completed monthly to support people and staff to understand what to do in the event of a fire. All staff had attended fire safety training and first aid training. The fire alarm was tested weekly and all fire equipment was serviced every year. The registered manager was in the process of organising a visit from the fire service. The aim was to give people accessible information on the need to safely evacuate the premises in the event of a fire to promote people's understanding of fire risks.

Good

# Is the service safe?

The premises were safe. A member of staff stayed overnight which meant emergencies could be responded to promptly. This system also ensured that people were able to access advice, support or guidance without delay. The registered manager completed a weekly health and safety inspection of the home. All electrical equipment and gas appliances were regularly serviced to support people's safety. There was a business continuity plan in place, which contained critical information the service needed to stay running in the event of adverse events occurring. The registered manager had reviewed and adapted the environment based on people's needs. Grab rails had been installed in the home to support people when they had difficulties walking. A shower seat and bath seat were available in one bathroom to support people to undertake bathing in line with their preferences, where they had reduced mobility. The registered manager had ensured people were referred to an occupational therapist where their mobility had declined. This ensured people received appropriate equipment and adaptations to the home to promote their safety and independence.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed physical injury forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. Staff discussed accidents and incidents in daily handover meetings and regular team meetings. One incident occurred where someone had a fall when they were walking down the stairs. The person's bedroom was moved downstairs to reduce the risk of falls on the stairs. They were supported to improve their mobility through healthy eating and participating in sports and other physical activities of interest to them. The person experienced no further falls as a result of these measures taken. Risk management measures were taken to reduce the risk of incidents occurring and people's care plans were updated with any changes made.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. One person had a risk assessment in place to support them to reduce the risk of falls. The risk assessment identified control measures to support the person to stay safe. They were supported and prompted not to carry anything on the stairs, to wear suitable footwear and to walk. They were supported to use grab rails to steady themselves located throughout the house and have periods of rest to regain their energy levels.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Records showed that staff had completed medicines management training. All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification. Individual methods to administer medicines to people were clearly indicated. The registered manager carried out audits to ensure people were provided with the correct medicines at all times. Any medicines incidents were recorded appropriately. The registered manager reported incidents to the local authority and completed investigations to reduce the risk of reoccurrence. Where medicines errors were identified staff received additional supervisions and completed competency assessments before resuming this role.

Good

# Is the service effective?

## Our findings

People were satisfied with the support they received from staff. One person said, “It is nice here, we all get on. Staff listen when I do and don’t want something.” It was recorded in one person’s care plan that they said, 'Staff are excellent.' We observed people to have good rapport and warm, friendly interactions with staff and the registered manager. Effective communication was promoted by staff. One health professional provided written feedback which read, ‘I have always been impressed by the dedication of the staff and their person centred approach to supporting the clients. I have found that my easy read information has been used well to support the clients to understand what is happening and to be able to make choices. Staff have also been creative in developing additional information in accessible formats to support the work. [This included] developing communication key rings which include a variety of ways to help them understand [information]. ‘

Staff had appropriate training and experience to support people with their individual needs. Staff had a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included medicines management, fire safety, manual handling, health and safety, mental capacity and safeguarding. This training was provided annually to all care staff and there was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses. The registered manager was due to implement a new induction programme based on the new ‘Care Certificate’ training for all new staff from January 2016. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

People received effective support from staff that had been trained to help them to maximise their independence and increase their quality of life. Staff had completed training in epilepsy management. There was a protocol in place that staff followed in the event someone had a seizure. Staff could access on-call support, they completed regular observations, they discussed issues at team meetings and there was a detailed support plans for people’s health needs. The registered manager ensured a monitor was installed under people’s mattresses to alert staff in the event people had a seizure. Staff were trained in the safe administration of epilepsy medication. In the event of a seizure staff followed guidelines from the person’s G.P. Staff were confident when describing what they needed to do when people had a seizure. Staff were satisfied with the training and professional development options available to them. Staff were supported to achieve further qualifications in social care. Staff had not received formal annual appraisals of their performance and career development. This did not affect the standard of care the staff were providing for people because they had been well supported through regular supervision and staff meetings.

People received care and support which reflected their communication needs and learning disabilities. Menus, activity planners, care plans, complaints forms and surveys contained pictures and were in easy to read formats so people could better understand information and services available to them. One person used Makaton (a language which uses signs and symbols to help people communicate), was able to lip read, and required staff to use short sentences and key words to support their communication. The person also liked to use an iPad to explain things and communicate with staff. The person had ‘picture card keyrings’ which helped them communicate with staff and with others whilst in the community. Staff told us about how they communicated with the person. One staff member said, “I talk to them about their family as this supports X to engage with me. I used positive facial expressions such as smiling as X responds well to this. I know they like hot chocolate and they like to sit with a drink and talk with me. Before they go to sleep I lower the tone of my voice to support them to relax before they go to bed to support them to sleep.” Staff had recorded people’s individual communication needs and methods used to help them understand the person’s needs.

People gave their consent to their care and treatment. Care plans were provided in an accessible format to help people understand their support needs. Staff sought and obtained people’s consent before they supported them. One staff member said, “I explain things clearly to people. We get other professionals involved. For example one person had gained weight and this was having an impact on their health. A nurse provided [accessible] healthy eating

information. We then had a chat with the person and with their consent adjusted their menu plan to include more healthy meal options. Their weight has now stabilised." Another staff member said, "I assume people understand and are able to make decisions for themselves. I use pictures to support people's understanding of information. I explain to people the consequences of certain decisions they may make. When people don't want something I offer alternative options." When people did not want to do something their wishes were respected, staff discussed this with people and their decisions were recorded in their care plans.

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 to 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 is 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. Related assessments and decisions had been properly taken. The registered manager had submitted applications to a 'Supervisory Body' for two people at the home and was awaiting the outcome of those applications. The provider had properly trained and prepared their staff in understanding the requirements of the MCA in general, and the specific requirements of the DoLS

People liked the food and were able to make choices about what they wanted to eat. It was recorded in people's care plans where they had made choices about what they wanted to eat. One person said, "We have meetings to discuss meals and options. I like Italian food." Staff said, "We speak with people privately about their food needs. We plan easy to follow recipes and people select their own meal choices. We try and balance this with healthy meals and meet people's individual dietary needs." 'The menu planner showed healthy meal options were available for people. A menu board was fixed to a wall in the dining room which included people's meal preferences. There was information in pictorial format to help people understand and make informed decisions based on different healthy food groups. Food was labelled with expiry dates to remind people to check whether food was appropriate to eat. Staff supported one person to attend slimming club. They were very enthusiastic about this. They had lost weight and met friends through attending these sessions in the community. This weight loss had also positively impacted on the person's mobility and they had more energy to take part in sports sessions and physical activities. All weight monitoring records were accurately maintained and signed by staff. Staff understood people's food preferences and acted in accordance with people's consent.

People were supported with eating where they had associated health needs. One person had been referred to a Speech and Language Therapist (SALT) for an assessment of need. They were well informed about their health needs and told us, "We choose the food menu. I need a soft diet. I have to eat slowly and I can't eat the crusts on sandwiches. I can have soft crisps." Staff understood the person's support needs. They told us they had visited a restaurant recently and the person chose their meal preference. They discreetly asked the restaurant staff to prepare their food choice following safe guidelines. This enabled the person to have their preferred meal option whilst keeping them safe. They had modified cutlery to support their grip action and a plate made out of a specific material to keep food warm as they needed to eat food slowly. There were detailed guidelines in place for staff to follow whilst the person was eating to reduce risks associated with eating. Written feedback from a SALT read, 'Staff are able to discuss potential recommendations with me, backed up by a very good knowledge of [people], so that we can agree guidance that is right for the individual's needs. Recommendations have been followed up when I have visited to review and I have felt that there is a general enthusiasm to try new things that could benefit [people]. [Staff involve people] in discussions about their needs by preparing the person in advance for visits. Staff think creatively about how to implement recommendations made by visiting professionals and have use new knowledge/skills that were recommended for one individual for the benefit of other [people].

People had health care plans which detailed information about their general health. Records of visits to healthcare professionals such as G.P.'s, physiotherapists, occupational

Good

# Is the service effective?

therapists, SALT and psychiatrists were recorded in each person's care plan. One person needed to have dental surgery. Staff had put in place an interim care plan to support the person to prepare for this. They involved the person, their family and the dentist. Staff provided the person with easy to read guidance to support them to understand what the surgery would involve. The care plan was put in place to ensure minimal disruption to the person and provide them with reassurance prior to surgery. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

One health professional provided written feedback which read, 'I have provided easy read information to the clients to support their understanding of what their health issue is, what investigations are required, what treatment options they may have, what to expect at appointments and what their recovery might look like. With this sort of support I can only achieve a certain amount in my limited visits and rely on the home to continue to support the clients with reading through the information, answering any of their questions and supporting them with any concerns they may have. I have also asked the team to liaise with other health professionals, agencies as well as family members. I have also, on many occasions asked the home to provide care plans and risk assessments to support the work. Any requests for such liaison and or documentation have always been responded to with speed and professionalism.'

Good

# Is the service caring?

## Our findings

People said they liked the care staff. One person told us, “I like the staff and manager” and “Staff are nice to me.” One staff member told us, “People living here encourage me. There is such a positive energy here. When I see people here they make me smile.” We observed staff talked with people in a caring and respectful way. People had developed good relationships with staff. There was appropriate humorous banter between people and staff. People presented as relaxed, happy and comfortable and interacted positively with staff. We observed staff engaged with people to talk about things of interest to them, to include what they had done at the day centre, social events they were looking forward to and their Christmas plans. One professional with direct working knowledge of the service wrote, ‘There is a compassionate culture of care in the service’ and ‘Staff are committed, good humoured and genuinely appear to enjoy working there.’

Support plans clearly recorded people’s individual strengths and independence levels. People chose what to wear, when to get up and go to bed, and what to do. One person had times when they were low in mood. With staff support they had learned individual strategies to improve their mood and increase their resilience. They liked to talk with staff when they were feeling low and played games on their computer. They had found very individual ways of making themselves feel better, such as writing stories, doing word searches and art work. Staff were vigilant to changes in their mood and helped them to positively manage their emotions. Where people could complete activities independently this was clearly recorded in their support plans. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge, kitchen or their bedroom and staff respected people’s space. Staff promoted people’s independence and encouraged them to do as much as possible for themselves.

A notice board in the dining room included accessible information for people in easy to read formats with pictures to support people’s understanding. This included a weekly jobs rota to remind people when they needed to complete household tasks such as cooking and cleaning. There was information on when house meetings took place. Information on birthday and Christmas parties, local discos and social events people could take part in and information for people on how to use the house telephone. Accessible information on handwashing instructions with picture prompts were available in bathrooms to prompt people to wash their hands to keep themselves clean and reduce the risk of infection.

Staff were aware of people’s history, preferences and individual needs and this information was recorded in their care plans. People rooms were personalised to their taste and contained their own personal items and furniture of their choice. People moved around their home freely and had their own keys to their rooms. People chose the wallpaper and colour schemes in the communal areas and chose their own decorative effects for their rooms. People were also encouraged to take part in interviewing new staff to ensure their preferences were given as part of the staff recruitment process. One person told us, "I have helped with staff recruitment. I asked staff a question about medication." People’s care plans reminded staff that the person’s choices were important and staff were aware of people’s preferences. People were involved in their day to day care. People spoke daily with staff about their care and support needs. People’s care plans were written in an accessible format to help people get involved in their own care planning. Risk assessments were reviewed regularly to ensure they remained appropriate to people’s needs and requirements.

People told us and we observed staff treated people with respect and upheld their dignity. One staff member said, “I always support people to the bathroom and ensure they are covered with clothing. I ensure people are comfortable and supported in a dignified way.” Another staff member said, “I ensure people’s privacy and dignity is maintained. I ensure people’s personal records are locked away and involve people in how their care is planned.” People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. People were treated as individuals and were given choices. On several occasions the wording used by staff in daily records to describe how people presented may not have reflected positively on people. Whilst this was not intended to be disrespectful, the wording had not always been carefully considered by staff. We discussed this with the registered manager and they told us they would review and address this with the staff team.

Good

# Is the service responsive?

## Our findings

People communicated with staff to talk about what they would like to do and any issues of importance to them. One person said, "I get tired so I like to sleep on the sofa. I can't do any sports at present because of my health. I talk to staff about this" and "I do jobs in the house like washing and drying up and I do the potatoes for Sunday lunch. I had a birthday and had a cake and a party and had my friends over" and "I go to discos and have a boyfriend who I see there. I like to go out shopping and do my banking. I go to a day centre. I like to do arts and crafts. There is a Christmas theme at the moment. I do bingo which is excellent." One health professional provided written feedback about how staff responded to people's health needs, which read, 'With the support of the dedicated staff we have achieved many successes with complex health investigations, hospital admissions, treatment and recoveries. In addition the home has a real sense of a homely atmosphere where clients appear happy and contented and are clearly included in planning and decision making within the home.'

Peoples' care plans included their personal history and described how they wanted support to be provided. Each person had a communication book which had pictures, photographs and information about different activities they liked to do and what was important to them. Each person had a key worker who they had chosen. A key worker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. People's care plans provided detailed information on people's likes and dislikes. For example one person did not like rain, wind or stormy weather as this could affect their sleep and cause them anxiety. Staff provided the person with a disco ball, ensured their lamp was kept on at night and ensured their radio was kept on low volume, when there was adverse weather conditions. They provided the person with headphones to distract them and installed a door monitor alarm, in the event they got up at night, so staff could immediately reassure them. People were consulted and involved with the planning of their care and support. One person liked to take the lead in their care reviews with staff and the local authority. This was written into their care plan and staff actively encouraged them to be as involved as they wanted in this process.

People were supported to pursue interests and maintain links with the community. Staff supported people to undertake voluntary work to develop their vocational skills. One person liked to attend church and did voluntary work there cleaning and participating in group work which they had chosen to do. Another person worked as a teaching assistant at a local school on a voluntary basis. They were working with staff to explore other vocational and educational opportunities to further develop their skills. One person needed support to develop their confidence and social skills. Staff supported them to identify social opportunities of their choice. Staff described the person as 'a happy person, who loved talking to people.' They said they had observed the person grow in confidence over time. The person chose to attend a local day centre. They sat and talked with us about activities they were involved in. They liked hosting dinner parties and had worked with staff to choose recipes for dinner party menus and invited friends to attend. They said, "I like to go to the seaside, I go to town to do my banking and shopping. I am going to a Christmas disco and a seafront party. I like listening to music. I like Elvis. I go to a day centre. I like the animals. There is a farm with pigs which I like." People were supported to go on holiday. Some people had been on holidays to Weymouth, Blackpool and Spain. People had taken part in lots of activities whilst on holiday to include, dancing and day trips. One person had gone up in a hot air balloon which was a goal that they had wanted to achieve. They described this as a 'fantastic experience.'

The registered manager talked about how they supported someone to develop their independence levels as this was the first time they lived away from their family. They said they had observed a 'massive change' in the person. With support from staff they had explored social opportunities to take part in. Staff described the person as 'fun-loving' and they had chosen to get involved in an 'active sports' programme, other sports sessions to include trampolining, dancing and Zumba classes and attended arts and crafts sessions. Staff observed the person had developed their confidence and social skills by engaging in activities of interest to them. Staff consulted with the person regularly to ensure the activities were still of interest to them. They adjusted the person's social calendar in line with their choices and preferences. People's preferences were clearly documented in their care plans and communication books, and staff took account of these preferences.

Good

# Is the service responsive?

One person recently experienced a change in health. They talked to us about a recent health scare they had experienced. They told us how staff had supported them to make sure they were safe and reassured. Staff called the paramedics and followed their instructions until they arrived. The person's family were contacted and consulted at the time. After the incident staff supported them to attend regular hospital visits to monitor their health condition. The registered manager reviewed the person's general support needs with a multi-disciplinary team to ensure they received appropriate support. They were no longer able to go swimming as this posed a health risk and needed increased one to one support from staff when travelling to and from day services and other social activities. The registered manager created a 'grab file' which contained information about how staff should proceed in the event of a health emergency. The person could take this to the hospital with them to ensure health professionals had a clear summary of their health needs. Staff reviewed people's care and support plans regularly or as soon as people's needs changed and these were updated to reflect the changes.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. Staff supported people to see their families. One person liked to go and stay with their family regularly. Another person liked hosting dinner parties and invited friends and family over for dinner when they wanted to. People liked to attend day centres, clubs and community social events to meet people and make friends. This information was written into people's care plans and staff supported them to do this. People could invite people of importance to them back to their home when they wanted to.

Staff discussed and reviewed people's goals and aspirations as part of weekly key worker sessions. People gave their feedback during these sessions about all aspects of their care and support needs. One person's goals included planning a dinner with a friend, planning a Halloween party, eating well and doing exercises. They had also attended an awards ceremony for their participation in a local 'active sports' programme and had attended a local disco event to raise money for a charity. The report recorded that they were happy at the home. It was recorded that they communicated this using their iPad and using positive gestures.

Surveys were sent to people, relatives and visitors so they could give feedback and develop the service. The last survey was completed in October 2014. People had reported they were happy with the service they received. The registered manager advised that no actions had been required in response to feedback received from this survey.

People attended house meetings where they discussed house related matters and weekly menu planning meetings where they were consulted about meal options they would like. Staff consulted people about their preferred meal choices. One person liked Chinese meals, another person liked macaroni cheese and their meal preferences were transferred onto the menu planner. People decided that they preferred to do online food shopping to free up their time to do other activities. The registered manager acted on people's preferences and ensured food was purchased online.

The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. The registered manager showed us the complaints procedure. We saw that complaints had been received and that they had responded appropriately. The registered manager responded to the complainant and discussed the complaint with staff. The registered manager said there had been no further reported concerns about this matter.

Good

# Is the service well-led?

## Our findings

We observed people approached the registered manager and staff to ensure their individual needs were met. One person said, “We have a supportive manager.” Staff said there was an open culture and they could talk to the registered manager about any issues arising. One staff member talked passionately about the support they received from the registered manager and staff told us how motivated they felt working with people at the home. Staff said, “There is an open atmosphere and issues are always addressed” and “There are open communications here. I can telephone the manager anytime and get advice. The manager gets back to us straightaway even when they are not in the office.” One health professional provided written feedback which read, ‘I believe the staff within the home are well supported by the sector manager, who in turn is well supported within the provider organisation.’

The quality monitoring manager completed quarterly ‘home audits’ and the registered manager completed monthly audits. We saw that action plans were developed where any shortfalls had been identified. The audit identified the need to create a ‘grab file’ to provide a snapshot of key information to staff and emergency service professionals in the event of a fire at the service. This ensured that relevant people would have access to key information about people’s needs intended to safely evacuate people from the premises.

The registered manager completed monthly care plan audits to ensure that they were up-to-date and that actions had been addressed. Care plans were up-to-date and detailed people’s current care and support needs. Staff we spoke with knew people and their needs well so they were able to respond appropriately to questions about people’s preferences and aspirations. However, in key worker reports where people had recorded agreed outcomes and goals, it was not consistently recorded that outcomes and goals had been completed or reviewed to check progress.

The registered manager completed monthly medicines audits. One action identified the need for two staff signatures to be recorded on all medicines forms returned to the pharmacy. The registered manager had completed this action. This system helped ensured that medicines were administered, recorded and disposed of safely and accurately.

A maintenance audit was in place at the service. Maintenance work was completed based on a priority system taking account of people’s safety in their environment. The registered manager promoted continuous service improvements. A new system had been implemented to ensure repairs were recorded and completed to ensure the environment was safe for people. We completed a tour of the premises and found them to be in good decorative order and in a good state of repair.

Staff recorded incidents and accidents when they occurred. The registered manager regularly analysed records of incidents which took place to review any patterns of incidents. This meant that effective control measures were in place to reduce risks to people and the likelihood of incidents reoccurring.

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss operational matters, people’s support needs, policy and training issues. Staff told us the registered manager listened to their suggestions and acted on information they gave. One staff member said they reported that the fridge temperature was too high, which could affect the safe storage of food. The registered manager addressed this immediately by ensuring a new fridge was purchased. All the policies that we saw were appropriate for the type of service, were reviewed annually and were accessible to staff.

The registered manager and staff shared a clear set of values. Staff said, “The focus is on people. We are person-centred. The needs of people come first. We promote people’s independence. We ensure people’s dignity and respect. We want people to be happy and achieve what they want in their lives. This is their home” and “We support people with their aspirations and help people achieve what they want. I want people to be happy.“ The registered manager promoted openness of communication. Staff understood the need to promote people’s preferences and ensure people remained as independent as possible.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered manager demonstrated they understood when we should be made aware of events and the responsibilities of being a registered manager.