Lucy Glyn Support Services Limited

Lucy Glyn Residential

Inspection report

9 Evesham Place
Stratford Upon Avon
CV37 6HT

Tel: 01789297353
Website: www.lucyglyn.org.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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Lucy Glyn Residential provides accommodation and personal care for up to six people with learning disabilities or autistic spectrum disorder. There were six people staying at the service at the time of our inspection.

We inspected the service on 8 December 2015. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

The service has 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.

The registered manager was dedicated to providing quality care to people. They had used guidance and research to provide an environment that stimulated people and kept people safe. They followed good practice initiatives and worked alongside other organisations and health care agencies to develop innovative ways of supporting people. The service had won a national award for innovative practice in positive behaviour support involving service users, from the British Institute of Learning Disabilities (BILD) in 2015.

The registered manager maintained an open culture at the home and was visible and accessible to people. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service.

Staff shared a common vision to provide an environment where people were enabled to live their lives, pursue their interests and maintain their independence. Staff took a positive approach to risk management and supported people as far as possible to do the things they chose to do.

People's health needs were monitored and they were referred to external healthcare professionals when a need was identified. Healthcare professionals were positive about the care provided by staff.

People spoke highly of the level of commitment and care provided by the registered manager and staff. There were enough staff on duty to meet people's needs. The recruitment process checked staff's suitability to deliver care safely and included the views of people who lived at the home. Staff received training and support that ensured people's needs were met effectively. Staff supported people with kindness and compassion, and treated people in a way that respected their dignity and promoted their independence.

People were encouraged and involved in planning how they were cared for and supported. Staff used different methods to obtain feedback from people, which were tailored to meet the individual needs of each person. Care was person centred and was planned to meet people's individual needs and preferences.

People were supported and enabled to participate in activities that were meaningful to them.

Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with these principles. The registered manager had made DoLS applications where potential restrictions on people's liberty had been identified. The applications had not yet been authorised. Where people did not have capacity to make decisions, decisions were made in people's best interests.

People and their relatives told us they felt safe using the service. Staff demonstrated they understood the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse. Risks to people's health and welfare were assessed and support plans gave staff instructions on how to minimise identified risks, so staff knew how to support people safely. Some improvements were needed in the recording of medicines within the home to ensure they were always managed safely.

People told us they would raise any concerns or complaints with staff or managers. People were encouraged to share their views about the quality of service provided through regular meetings, reviews and questionnaires.

There were processes in place to ensure good standards of care were maintained for people. However, we found checks on medicine management were not robust enough to identify all errors. We found action plans detailing required improvements were not always monitored and it was not clear if some actions had been completed.

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 were kept safe because risks to people's individual health and wellbeing were identified and staff followed support plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. The provider checked staff were suitable to deliver care before they started working with people at the service. Some improvements were needed in the recording of medicines within the home to ensure they were always managed safely. The registered manager agreed to make changes to their systems straight away.

Is the service effective?

Good

The service was effective.

People were supported by staff to experience the best possible health and quality of life. The provider had won a national award for innovative practice in positive behaviour support involving service users. People who lived in the home were involved in the recruitment of new staff. New staff had a thorough induction to provide them with an understanding of their role. Training was planned to support staff development and to meet people's care and support needs. Staff received training which was tailored to meet their different learning styles. Where people lacked capacity, the Mental Capacity Act 2005 had been followed so people's legal rights were protected. Staff ensured people received good nutrition and hydration. People received ongoing healthcare support from a range of external healthcare professionals. Healthcare professionals were positive about the care provided by staff.

Is the service caring?

Good

The service was caring.

There was a welcoming, friendly atmosphere in the home and staff provided a level of care that ensured people had an excellent quality of life. Staff demonstrated they cared through their attitude and engagement with people. People were valued

and staff understood the need to respect their individual wishes and values. They respected people's privacy and dignity and encouraged people to maintain their independence.

Is the service responsive?

Outstanding ☆

The service was responsive.

Staff had an excellent understanding of people's individual needs, preferences and how they liked to spend their day. People had fulfilling lives because they were fully engaged in activities that were meaningful to them. People were involved in planning how they were cared for and supported. Staff used different methods to obtain feedback from people, which were tailored to meet the individual needs of each person. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

Is the service well-led?

Good

The service was well-led.

The registered manager was dedicated to providing quality care to people. Staff used good practices and worked alongside other organisations and health care agencies to develop innovative ways of supporting people. Staff told us they felt supported and there was an open culture at the home with good communication between staff and people who used the service. There were processes to ensure good standards of care were maintained. However we found checks on medicine management were not robust enough to identify all errors. We found some action plans detailing required improvements were not always monitored for completion. The registered manager agreed to make changes to their systems straight away.

Lucy Glyn Residential

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 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 took place on 8 December 2015 and was announced. We told the registered manager one day prior to the inspection that we would be coming, so they and the staff were available to speak with us about the service. The inspection was conducted by one inspector and a specialist advisor. A specialist advisor is a person who has current and up to date practice in a specific area. The specialist advisor who supported us had experience and knowledge in learning disabilities.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no concerns about the service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

During our inspection we spoke with two people at the service. We also spoke with the registered manager (who was also the provider), a shift leader and three support workers. Following our inspection we spoke with two relatives and two health care professionals.

We reviewed four people's support plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.,

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the home. Relatives told us, "[Name] is very safe, the staff are very attentive" and "They [staff] are very good at reporting incidents." People told us who they would go to if they felt worried about something. We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. Information about how to raise concerns was available in the communal hallway of the home, which made it accessible to anyone. People were protected from the risk of abuse because staff knew what to do if concerns were raised. Staff received different types of training to help them keep people safe, including good practice techniques to help manage people's behaviours if they became challenging and training specifically related to personality disorders. Staff told us they did not use restraint techniques and believed the training they received fully equipped them to deal with behaviours that challenged. The registered manager told us, "We discuss keeping people safe in team meetings, we look at changes in the law and procedures all the time and send memos for staff to read. We keep the issue live with clients as well and use focus meetings to discuss the issues."

Incidents were recorded and actions were taken to protect people and keep them safe. We found records made of incidents were detailed and included the actions taken as a result of any incident, for example referral to another agency such as the local authority. Staff were able to explain how referrals of serious incidents, were made to the local authority. The registered manager explained how they assessed risks to people by monitoring any incidents which took place and reviewing the information to identify any patterns. They told us how people were supported following an incident, including staff, to give them assurance and to recognise positive achievements in dealing with difficult situations.

There was a procedure for staff to follow to identify and manage risks associated with people's care. The registered manager told us, "We look at risks to people at the beginning when we meet the client and review their needs assessment and any additional information provided by health professionals. We do a risk profile, where we score risks high to low and then a management support plan which identifies their risks. We look at whether a control measure is required and then we write a risk assessment." A health care professional confirmed this and told us they shared their information about risk with the service, who used it to write people's care plans. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. Staff knew about individual risks to people's health and wellbeing and how these were to be managed. For example a member of staff explained how they supported one person with creative activities in accordance with their support plans, in order to minimise any negative behaviour patterns. Risks were reviewed monthly by people's keyworker and annually when people's care and support plans were reviewed with them. A key worker is a member of staff who is allocated to support a person on an individual basis.

People we spoke with told us the staff and the registered manager were good at assessing people's needs and addressing risks before they happened. A relative told us, "They [staff], are good at pre-empting stuff. They know [name] well and they know exactly what situations will trigger behaviours and they know how to deal with them." The registered manager took a positive approach to risk management and supported people as far as possible to do the things they chose. They explained the philosophy behind this approach,

"When working with people with personality disorders you need to put mechanisms in place to make things achievable and turn things into positive strategies to allow staff to support people. We look at the research and use a lot of approaches to address people's needs. You have to be creative to work here and tweak different methods. We encourage staff to think outside the box and use positive risk taking." They gave an example of one person who was supported by staff to move from one chosen activity to another, for example going from the home on a trip into the community. Transition made the person anxious and this affected their behaviour. Staff developed techniques to help them lower the person's anxiety and manage their behaviour in a positive way. We found the person's support plans described the actions staff needed to take to minimise the identified risks and support the person safely. Plans were updated and reviewed and we saw that staff followed instructions on the support plan to minimise risks to the person.

The registered manager gave another example where people's needs were assessed and steps were taken to minimise risk. They told us staff had followed the principles of their training and identified that one person displayed incidents of negative behaviour on a particular evening of the week. They thought the person may be tired so they supported the person to change their routine and this had a positive impact on their behaviour. The registered manager explained how they used supportive technology to manage risks in a positive way and allow people to lead independent lives but remain safe. For example one person had used a monitor to indicate when the bath was full.

The registered manager had completed risk assessments of the premises and had arranged for regular checks of the water, gas, electricity, equipment and fire safety by external companies. We saw management strategies were in place for responding to emergencies or untoward events, for example severe weather and these had been reviewed.

We saw there were sufficient staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. The registered manager explained how they ensured there were always enough staff to meet people's care needs and support them with their preferred routines. They told us, "Staffing is worked out via the rota. I identify when planned activities are and times when people need more support. For example, one person requires two staff when interacting with other people and extra staff are needed tonight for the disco activity." The service employed two apprentices from the local college. The registered manager told us, "We are really proud of our apprentices. Young people need a lot of mentoring and support in this type of service, so we give them a mentor and regular supervision."

The registered manager checked that staff were suitable to support people before they began working in the service. This minimised risks of potential abuse to people. For example, we saw recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

We checked how medicines were managed in the home. We saw all medicines were kept safely in a locked cabinet and staff kept a record of how much medicine was stored. We spoke with one person about their medicines and they told us staff had supported them at lunchtime to take their tablets. A relative explained to us when their family member came to visit, staff went through all their medicines and they were carefully checked. One member of staff we spoke with who was trained to administer medicines, told us their competency was checked every six months. They told us, "It refreshes us and keeps us up to date." Staff were able to describe what they would do if there was a medicine error. They told us they would receive support following any incident, for example further training and competency testing.

We found that staff were recording non prescribed medicines on people's Medicine Administration Record (MAR) sheets. In addition, it was not clear if some medicines were to be given on an 'as required' basis.

Therefore the routes of administration and correct codes for administration were not clear on people's MARs. The registered manager gave us their assurance they would contact people's GPs to check people's medicines and would update MARs accordingly.

Good

Is the service effective?

Our findings

People told us they were happy with the care provided by staff. One person told us staff helped them when they needed it, but also let them do their, "Own thing". A relative told us, "They've got good staff. The manager seems to pick staff who fit." We saw staff knew people well and provided effective support according to people's needs. A health care professional told us, "Whenever I speak to staff they are always well informed."

The PIR described how the registered manager ensured the service was effective, 'Due to the complex needs of our clients, it is essential that there is consistency in care delivery, and this is ensured by highly skilled staff who are well trained and experienced.' The registered manager told us people who lived in the home were involved in the recruitment of new staff. They asked people to look at staff's job specifications and give them feedback. Then as part of the recruitment process, potential candidates attended activities, so people could get to know them and help choose suitable people. Successful candidates received an induction which included two weeks of training, shadowing of up to four weeks dependant on staff member's ability and supervision every two weeks to identify staff's development needs. The registered manager told us every member of staff had an assigned mentor to support them.

Training was planned to support staff development and to meet people's care and support needs. This included training in health and safety, the Mental Capacity Act 2005 (MCA), medicine administration and good practice techniques to help manage people's behaviours if they became challenging. The registered manager told us, "Making sure staff develop within their training is key." Different methods of training were provided which suited different ways of learning, for example online training course, external training course, DVDs and practical training. Staff were positive about training, they told us it was readily available and they felt supported by their manager to access training. Training was also provided to support staff in meeting people's specific needs. For example, training in caring for people with autism, epilepsy and a personality disorder. The registered manager told us they used local authority resources to increase training opportunities, such as free online courses or face to face courses for staff, for example 'safeguarding people'. This helped to further develop staff's knowledge following the provider's initial training. They told us, "I go on all the courses myself so I find out if they're worthwhile." Staff had lead roles in certain areas of practice, such as safeguarding people and supported staff in this area and ensured best practice was shared. To ensure they were up to date, they attended additional training in their areas. Health professionals told us the registered manager contacted them for advice on matters when they felt there was a gap in their learning. One professional told us, "I'm aware that staff receive updates on best practice and whenever I speak to staff they are always well informed." The service had won a national award for innovative practice in positive behaviour support involving service users.

Staff told us they had supervision meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The registered manager told us they assessed staff's effectiveness through supervision and observation. They told us supervision was used for reflective practice. Reflective practice is the analysis of actions in a process of continuous learning. They told us, "Training is reviewed and we look at doing more advanced training, for example mental health

first aid." Staff told us mental health first aid was specific to ensuring people's mental well-being.

Staff told us they felt well supported by the provider to study for care qualifications. The registered manager told us, "There's a clear training route in place for staff. We have put together a pack for the Care Certificate. There are nine people on it, with two near completion." They explained how they had liaised with Skills for Care and their online training provider to put together a route to assess staff's competence and to provide staff with the nationally recognised 'Care Certificate' qualification. Skills for Care are an organisation that sets standards for the training of care workers in the UK. The assessment included observations of staff, witness statements from colleagues, work books and an individual development plan including a self-assessment tool to help staff identify areas they need support to improve.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. They had made DoLS applications for five people because they had identified a potential restriction on those people's liberty. They told us, "We identify who need DoLS when we go through people's needs assessment and when we do reviews. If there is a restriction then we do an assessment and people's keyworkers get involved in the assessment." The DoLS applications had not yet been authorised by the local authority. Staff we spoke with understood the requirements of the MCA, they told us how decisions were made in people's best interests where required.

People were supported to make their own choices where possible. One person told us they had been involved in choosing items for their room. Another person was having a lie in in bed and a member of staff told us, "They don't like early mornings."

We found decisions were made in people's best interests. For example we found one person had been involved in an in-depth best interest decision concerning a type of health treatment. Staff explained how they planned the decision making process, assessed the risks for the person and involved appropriate people such as health professionals to support the person to make their decision. The decision and the outcome for the person had been clearly recorded in their support plan. We saw another example where staff were in the process of supporting one person to make a best interest decision about their future accommodation needs. Records showed people such as family and health professionals were involved in supporting the person to make a decision. The person's relative told us, "Staff always talk to me before making any decisions. They keep me well informed."

Some people received food and drinks prepared by staff and some people were supported by staff to help prepare meals to encourage their independence. One member of staff told us, "We encourage the clients to join in cooking. They will research ingredients and menus. We encourage healthy eating as much as possible, but it's the client's choice at the end of the day." Staff told us people who lived in the home were involved in planning the menus. They discussed choices in meetings. Staff said they did not always follow the planned menu as residents' choices changed. We observed the lunch time meal and saw people made their own choices and were supported by staff according to their needs. We heard staff ask people what they would like to eat. We saw people's dietary requirements, food preferences and any allergies were recorded in their support plans.

Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. Staff were able to tell us how they supported one person who had special dietary requirements. They told us they followed specialist advice that had been obtained from the speech and language therapist (SALT) and explained how they supported the person to use smaller cutlery, which enabled them to eat more independently.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. Records showed that people were supported to attend routine health appointments to maintain their wellbeing such as dentist, chiropodist and optician. For example, one person was referred to an occupational therapist to review their specialist equipment. The registered manager told us one person had complex needs and received support from a number of different professionals. They explained how staff supported the person to attend appointments and meetings and how they managed the interactions with different services and authorities in innovative ways to cause the least impact to the person's wellbeing. We spoke with two health care professionals following our inspection. One told us, "Lucy Glyn have always done extremely well. If I have any concerns I know that staff will always feed back to the manager." Another health care professional told us people were always supported by staff to appointments and they said, "The home always follow up on my recommendations."

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at the home. One person said they felt, "Very happy" at the home. Relatives told us, "[Name's] in the best place, with caring helpers. [Name] enjoys life there" and "It's like a nice family home with a jolly atmosphere." People were free to spend time with others or on their own and they were able to use their bedrooms as they wanted. One person showed us their bedroom and told us how they had been involved in choosing the colours, bedding and furniture. They were proud of their room. We saw good communication between people and staff and the interaction created a friendly environment. Staff knew people well and built positive, caring relationships with the people they supported. We observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staff were compassionate and supported people according to their individual needs. For example, on the day of our visit it was one person's birthday and they were given presents. The person became anxious and their behaviour changed with verbal outbursts. We observed the staff supported the person to manage their behaviour in calm and positive way. Staff respected the person's need to communicate their feelings. The person went to their bedroom to calm down. Staff explained why the person had reacted in that way. Staff demonstrated they knew the person well and knew how to support them according to their individual needs to ensure their wellbeing was maintained. They told us the person would return to the communal area when they felt able to. The person came out later to open their presents and expressed their happiness and gratitude for the gifts they had received.

The registered manager explained the progress one person with complex care needs had made and how their mental health had improved since living at the home. They said, "They had achieved things they had never achieved before". The registered manager told us, "Staff have compassion and commitment and they work very hard."

Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff used different communication methods to meet people's needs, such as Makaton. Makaton is a language using signs and symbols to help people to communicate. Communication methods were recorded in peoples support plans. Staff sat with people and took time to interact with them on a one to one basis about things they were interested in. For example we saw a staff member supported one person to listen to a song they liked on their phone. The person enjoyed the interaction and danced and clapped as the song played. Staff supported people to make their own photobook, which included photographs of significant events in their lives. We saw two people using their books and looking at photographs on the day of the inspection.

The registered manager explained, "Staff communicate with clients on a daily basis with a person centred approach and provide positive behaviour support. This is the ethos of the company." They told us how staff communicated with people in different ways according to their needs and told us about some of these. For example, "Some clients have a 'Tuesday or Thursday challenge', where they sit with a staff member and are encouraged to look at their previous week's activities and behaviour, looking at positive and negative

things." They told us for one person this has significantly helped them to reduce incidents of negative behaviour and helped them to be more independent in caring for themselves. A relative told us, "They [staff] are very good at explaining things to [name]. They know [name] well."

Staff demonstrated a clear understanding of the caring ethos the manager was keen to promote. For example, we saw how staff supported one person to go shopping and purchase Christmas decorations. Staff knew the person's preferences and provided them with the appropriate level of support to allow them maintain an independent lifestyle. The person was smiling when they returned to the home and proudly showed us the decorations they had bought. The registered manager told us, "We use scenarios at interview to ascertain candidate's feelings on dignity, respect, empowerment, inclusion and positive risk taking. In training we go through the qualities required in the care profession. My staff are dedicated and are all about person centred support, it is integral to the service. I know that staff would pick up on anything that was not caring." Staff told us the registered manager gave them opportunities for personal development within the service and said senior staff were caring and this made them feel motivated in their role.

People and their representatives were involved in decisions about their care and support needs. People told us about weekly 'focus meetings', which were held for people at the home to attend. Records showed that people's views were recorded in detail and suggestions were acted on by staff. For example people had suggested meals they wanted to cook and this had taken place. There was a book in one of the communal rooms where staff and people who lived in the home wrote ideas to be discussed at meetings. A regular newsletter was produced for people who lived at the home and who used the provider's other service, it included contributions from people who lived at the home. For example, one person had provided pictures for the most recent edition and another person wrote about their fund raising activities.

Staff understood the importance of treating people with dignity and respect. For example we heard staff speak with people quietly and discreetly when they discussed personal issues. We observed how staff supported one person with respect to maintain their independence and their dignity. The person required support from two members of staff when they were with other people and when they went out, due to their complex needs. Staff explained how they had developed a monitoring system, considering the person's best interests, which allowed them to be independent and enjoy personal time alone in their room. Staff could respond straight away if the person required support, otherwise they were able to enjoy time alone. This method of support had a positive effect on the person's well-being and had improved their quality of life.

Outstanding ☆

Is the service responsive?

Our findings

People we spoke with told us they were happy with the care and support staff provided. We saw and were told of lots of examples where the care delivered was responsive to people's needs. We saw people were supported by staff to get ready for the evenings trip to a disco and that they smiled and talked about it eagerly. People consistently told us that, when they raised ideas or suggestions to staff, they were supported so that this could happen.

People had fulfilling lives because they were engaged in activities that were meaningful to them. A relative told us, "[Name] is occupied with things they like to do. They [staff] are good at creating a rota with [name]. [Name] can see the rota and refers to it and this helps to prevent any anxiety." The registered manager told us, "Clients do very different activities. They are all positive things that keep them happy." They told us people had a 'choice day' where people could decide what they wanted to do. The registered manager told us, "We find a planned in choice day works well with people, it makes them less anxious." Staff told us people were involved in writing their individual weekly planners and they did this in different ways. For example one person was supported to write theirs day by day as this suited them better. Another person used pictures to create their planner because it was easy for them to understand. We saw one person had their own record player to listen to their music. A staff member told us, "[Name] loves music, if it's Irish, even better." Another person spent time using the computer to look at music and videos. Staff told us about different evening activities people could choose, including games and music nights where staff members would play instruments and people would sing along. Staff told us how one person struggled with busy environments and by engaging in their hobbies, their confidence and communication skills had improved since living at the home.

The home was actively involved in building links with the local community and people were supported in individual ways that suited their needs, to attend events outside the home. For example one person attended a local college course and another, a local church. Other people were supported to go to local cafes and shops and to attend health appointments outside the home, instead of services coming to them.

We were told about one person where a health professional told us staff were, "Thinking outside the box", with the person's care. The home won an award for innovative practice in positive behaviour support involving service users, from the British Institute of Learning Disabilities (BILD) in 2015. This person was very interested in art and enjoyed drawing and painting. There was detailed information on the person's support plans, about how staff could support them to engage in their favourite hobby. We saw staff encouraged the person when they chose to paint and their weekly planner reflected the time they spent carrying out their hobby. Staff supported the person to display their artwork throughout the home, which staff told us made the person feel proud. Staff explained how they used methods from their training to tailor the support they provided this person, due to their complex needs. They explained how they supported them to build around the activities they enjoyed the most and how this had a positive impact on their behaviour. Because of the person's improvement, staff were able to support them in their wishes to hold an annual exhibition of their work. Staff supported the person to plan the event and choose who would be invited. The person's confidence had developed to a level where they were able to verbally present their work to a group of

people at the exhibition. Staff also enabled the person to have a website to show their work. The website had a blog area where people could leave comments on the work displayed. Staff filtered comments to ensure the person's safety and wellbeing was protected.

Support plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, undertake their own daily tasks. For example, one person was supported by two members of staff when they were with other people and when they went out, due to their complex needs. Staff explained how the support they provided this person, allowed them to maintain their independence and go out when they wished. Staff had developed a system to draw the persons' attention away from an activity they enjoyed which was ending, because this would make them anxious and may affect their behaviour. For example, staff sometimes telephoned the person and pretended to be one of their favourite characters. Staff told us this method of support had a positive effect on the person's confidence and well-being and improved their quality of life because they could take part in more activities.

We saw people had shared information about themselves, and their likes, dislikes and preferences for care were clearly defined in their support plans. Staff told us how important it was to read people's support plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. During our inspection one person celebrated their birthday. Staff had chosen presents for them based on their preferences. The person showed us their presents and was very happy with the choices because they included their favourite pop star.

We saw people's views about their care had been taken into consideration and included in support plans. The registered manager told us there were several ways people contributed to the planning of their care through using, "Focus meetings, talk time, keyworker sessions, the Tuesday challenge and attending annual reviews." The registered manager explained talk time sessions were used for one person who liked to talk about things with someone every day, so they were allocated a regular member of staff to talk to. This supported the person to manage their behaviour in a positive way.

The registered manager explained that everyone who lived in the home had a keyworker and people shared time with their keyworkers on a one to one basis and reviewed their individual needs. They said for example, "We've done keyworker sessions to see what people prefer to be called. One person did not like to be called 'darling'."

People's support plans were reviewed and reflected their care and support needs. This meant staff could be sure the care they provided remained responsive to people's needs and preferences. We found health professionals and people's family members attended people's care reviews, where appropriate. A health care professional told us they attended people's care reviews and told us reviews were, "Thorough and families were always invited and all aspects of care were reviewed." The registered manager told us they had tailored the way people's care reviews were held, to meet individual's communication needs. For example one person chose to do a presentation at their review, to show what they had achieved. A relative told us that their family member sometimes chose not to attend their care review, so staff gathered the person's views before the meeting took place to ensure their views were included.

Staff told us, where people held religious beliefs or had expressed a wish to receive support to maintain their routine, they supported people to do this. For example, supporting one person to attend religious services and another person to vote in elections. These preferences were important to both people, and they had expressed a wish to receive support to maintain their routines. Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. The registered manager told us this was part of their initial assessment of need when they first came to live at the home.

There was good communication between staff when they shared information about people's needs, to ensure they received good care. A relative told us, "Staff communicate well, you can see from the way the diary is kept." Staff told us that the handover of information between shifts was clear and effective. Handover records were detailed and included any concerns staff had about people's welfare. We saw staff maintained a communications book which was detailed and highlighted changes in people's support needs. Staff told us they would highlight any issues to senior staff and ensure people's support plans and risk assessments were updated where required. Records showed that changes in people's needs and information on their support plans, were discussed at team meetings.

The registered manager told us, "Staff know how to support people to make complaints and they discuss it with clients at focus meetings several times a year." They told us families were given an out of hours email address they could contact a senior member of staff on directly, if they needed to raise an issue urgently. The provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in a communal area. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. A relative told us, "I have not made a complaint, but if I needed to I would speak to the manager." Records showed there had been four complaints in 2015. We saw people who lived at the home had been supported and encouraged by staff, where this was needed, to make complaints and that these had been responded to in a timely manner. One person had made several complaints which had all been investigated and actions had been taken to provide positive outcomes for the person. For example, a change to staffing had been made following one complaint and this helped to maintain the person's wellbeing. There was evidence of compliments from relatives and health professionals about the standard of care provided by the service.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. One person who lived at the home told us the service was, "The best place ever." Relatives told us, "I can't speak highly enough of the service. [Name] is a lot better now and is more settled" and "The staff understand their responsibilities and are very efficient." A health professional told us their client was, "Flourishing," at the home. We saw the registered manager was visible and accessible to people in the service. Staff told us the registered manager was approachable, they told us they could make suggestions and these were acted on. The registered manager told us, "They all know where I am when they want me and they come and find me." People told us they felt able to raise issues with the registered manager and relatives told us they had good relationships with staff members. They said, "Any concerns I've got, I will always raise" and "The manager is very approachable. I email them directly and they respond straight away."

Staff understood their roles and responsibilities and felt supported by their manager. The registered manager told us they made sure staff understood their roles through the use of supervisions meetings, staff meetings, training sessions around professional boundaries and appraisals. Some staff had worked at the service for several years and all the staff told us they enjoyed working there. They had developed a service where people were enabled to pursue their interests and be as independent as possible.

There were regular staff meetings. Staff told us they were encouraged to be involved in making improvements to the service. They told us they received useful feedback from senior staff following any incidents. For example one member of staff explained what support staff received in the event of a medicine error. Staff were asked for their feedback by an evaluation survey. The registered manager told us this promoted, "Lots and lots of discussion," from staff regarding how they could make changes to improve the service. This showed the registered manager encouraged staff to develop and make improvements to the service, which helped them to deliver high quality care to people.

People could provide feedback about how the service was run and their comments were acted on by the provider. People were encouraged to share their experiences of the service by completing surveys. The registered manager explained there were questionnaires for people who lived at the home and these were all done in a different style tailored to meet the individual communication needs of the person and "To support their understanding of the issues." For example one person's survey was in the form of a quiz, another person was asked one question each week. We looked at the survey responses from May 2015 and saw the results were very positive. It was recorded on the questionnaire if people were supported by staff to complete the questions. One issue raised was that, 'There were not enough pies.' The registered manager told us following the response they reviewed the menus. Families were asked for their feedback and experiences of the service and were invited to complete a questionnaire about the home. We looked at the responses received in February 2015 and saw that feedback about the quality of the service was very positive.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant

professionals about issues where appropriate, such as the local authority. They had completed the provider information return (PIR) which is required by law. We found the information reflected the service well. The registered manager understood their responsibilities and was aware of the achievements and the challenges which faced the service. They explained how they had worked hard to review their paperwork to be more consistent with the principles they used to support people, such as NAPPI. They told us they obtained feedback from staff to make the improvements. We saw evidence of this in team meeting minutes. The registered manager told us, "It means that staff aren't missing anything in their recording." Health care professionals we spoke with told us the written information they received from the service was always thorough and helpful.

The registered manager explained how they maintained the values of the service, by developing staff internally. They told us, "Shift leaders have all come through the ranks." Staff told us they were given good opportunities to develop their potential through training and qualifications. The registered manager kept up to date with best practice by researching changes to legislation and procedures and attending training courses and events such as the 'providers forum'. This is an external event hosted by the local authority and enables service providers to get together to share their knowledge and new initiatives. The registered manager told us they had completed all the training and competency tests offered to staff, so they knew it was worthwhile. Staffs were kept informed of best practice through discussion at team meetings and internal bulletins. Some staff had lead roles, such as health and safety. The registered manager told us lead roles also took responsibility for ensuring best practice was being used by staff in their areas. They told us, "The lead checks staff competencies and makes sure we have the best trained staff."

There were systems in place to monitor the quality of service. This included checks made by the registered manager on a six monthly basis. We saw a safety check had been completed in May 2015. We saw in most cases where actions were required, action plans were followed and improvements were made. However some actions had not been checked by the manager and it was not clear if they had been completed.

We looked at checks on medicines and found they did not identify all the issues we found in the management of medicines. The registered manager told us the shift leader checked the amounts of people's medicines and looked at how the MARs were completed, on each shift. However we found some MARs had not been completed properly because some codes were not recorded. These errors had not been identified by staff. However we saw other errors had been recorded on the incident log and actions were taken to minimise the risk of reoccurrence. The registered manager gave us assurances that checks on medicine administration would be reviewed straight away to ensure all aspects of recording were included.

A pharmacy visit in September 2015 had resulted in recommendations to make improvements to medicine systems within the home. We found that not all the recommendations had not been actioned. For example, medicine room temperatures were not being recorded. The registered manager told us another senior member of staff had supervised the pharmacy visit and so they had not personally read the pharmacies recommendations. However they told us that in future they would personally review all recommendations and audits. They gave us their assurances that all outstanding actions from the pharmacy visit would be addressed and have provided evidence of this following our inspection.

We saw people's confidential records were kept securely and could only be accessed by staff members. The provider's policies were easily accessible to staff.