

Cambian Asperger Syndrome Services Limited

Cambian Asperger

Syndrome Services Limited

- 30 Milton Road

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 17 and 18 October and was unannounced. It was carried out by a single inspector.

The service had a registered manager in place. 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.

30 Milton Road is a care home registered to provide accommodation and personal care for up to eight people diagnosed with autistic spectrum disorders and learning disabilities. The registered manager explained that the home is a 38 week service meaning people who live there go back to their families during school holidays as the home closes during these times.

There was one ensuite bedroom on the ground floor and seven additional bedrooms split across the first and second floor. Five of these rooms were ensuite and the remaining two bedrooms shared a bathroom. There was an open plan kitchen dining room and a communal living area. Staff had their own office and there was a separate medicines room. Outside the management shared an office space which had a laundry room on one side and a relaxation room for people on the other. There was an enclosed rear garden and patio which led from the dining area.

People were given regular quality assurance questionnaires to complete. We saw that feedback from these was used to improve and develop the service further. We noted one comment from a person who lived at Milton Road which read; "Amazing staff day and night. Just an awesome house".

People, relatives and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training.

Milton Road had comprehensive risk management systems in place. There was a signing in and out book for people which referenced risk assessments relevant to the activity taking place.

Care files were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had an individual risk assessment in place which linked to their behaviour support plans. These ensured risks to people were managed and that people were protected.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines. Medicine administration records reviewed showed no gaps in the recording of medicines administered. People were being supported to manage their own medicines safely.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, autism, positive behaviour support and incident report writing.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions and find them useful".

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Capacity assessments were completed and best interest decisions recorded.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. An advocate visited the service on a regular basis.

People told us that staff were caring. We observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. Outcomes were set by people and outcome focused reviews took place. These evidenced that people were actively supported to work towards their individual goals and outcome areas. We saw that these were reviewed annually by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to feedback through house meetings, one to one time away from the home with their keyworker and annual quality surveys. We found that feedback from people was listened to and improvements made in response. This told us that the service listened to people's experiences and concerns.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

People, their families, staff and other professionals all told us they felt the service was well managed. They told us the registered manager and management team were all approachable, knowledgeable, that there was good communication and they were efficient. Staff and people were empowered to take part in the running of the service. They were supported and encouraged to share ideas about how the service could be improved and had been pro-active in supporting changes. They spoke enthusiastically about the positive teamwork and support they received.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner.

Staff had a good understanding of their roles and responsibilities and in addition to these had lead roles within the home. Information was shared with staff so that they had a good understanding of what was expected from them.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring visits and audits were completed by the management team. These included

environment, medicines and safeguarding. There were also spot checks carried out by the management and additional audits completed by other registered managers from the other local Cambian services. In addition quality meetings took place. This showed that there were a number of good monitoring systems in place to ensure safe quality care and support was provided to people.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Is the service effective?

Good ●

The service was effective. Staff received training to give them the skills they required to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

People were supported to access health care services as and when required.

Is the service caring?

Good ●

The service was caring. People were supported to take responsibility for their living environment and participate in cooking their own meals.

Staff treated people in a dignified manner and had a good understanding of the people they supported.

Staff empowered people to make decisions about how they liked to live their lives which people told us was important to them.

People were supported by staff who knew them well and spent

time with them.

People were supported by staff who respected their privacy and dignity.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Is the service responsive?

Good ●

The service was responsive. People were supported by staff that recognised and responded promptly to their changing needs and behaviour.

People were supported to access the wider community both independently and accompanied when necessary.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff and management.

Feedback was used to make improvements to the service that benefited the people who lived there.

Is the service well-led?

Good ●

The service was well led. The registered manager demonstrated good leadership and management by empowering people and staff to be actively involved in the running of Milton Road.

Regular quality audits were carried out to make sure the service was safe and quality meetings took place.

Staff had lead responsibilities which had a positive impact on the service and people who lived there.

The registered manager had signed up to the social care commitment. This showed us that the management team were committed to quality service delivery.

Professional boundaries were established. A positive culture which was inclusive was well embedded.

People, staff and relative told us the management were good and rated the service highly.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and this was done in a timely manner.

Cambian Asperger Syndrome Services Limited - 30 Milton Road

Detailed findings

Background to this inspection

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

The inspection took place on 17 October and was unannounced. The inspection continued on 18 October 2016 and was announced. It was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

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 spoke with four people who use the service and three relatives. We met with the registered manager, assistant team manager and nominated individual. We discussed the service with four staff. We walked around the building observing the safety and suitability of the environment and observing staff interactions with people and practice. We used these general observations to help us understand people's experience of living in the home.

We reviewed two people's care files, incident reports, medicines, policies, risk assessments, quality audits and the complaints log. We looked at two staff files, the recruitment process, staff meeting notes, house

meeting notes, training, supervision and appraisal records.

Is the service safe?

Our findings

People told us they felt safe at Milton Road. One person said, "Milton Road is nice, this is my third year here. I feel safe, there is no threat here". Another person told us, "I feel safe here with staff support and I like my housemates too".

A relative told us, "Yes (name) is safe at Milton Road. There have been incidents of self-harm. Staff have always been proactive to this for example, remove any sharp objects and carry out 15 minute observations to keep (name) safe during these times". Another relative mentioned that there is always someone there for their loved one which gives them the confidence that they will be safe. A staff member said, "We do all we can to make the home safe for the people who live here. There is always a good staff ratio, risks are assessed, people sign themselves in and out so that we know where everyone is". Another staff member told us, "This is a safe home. People are well cared for. There is a keypad lock on the front and rear door which allows people to come and go but keeps strangers out. Staff wear ID and everything we do is risk assessed".

Staff were able to tell us how they would recognise if someone was being abused. For example, they told us that they would look for changes in behaviour, unexplained marks or money not adding up. Staff told us they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the local authority safeguarding team and the Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. There was a comprehensive local safeguarding and whistleblowing policy in place which were up to date. In addition to this we noted that information about keeping people safe was displayed on notice boards.

Milton Road had comprehensive risk management systems in place. There was a signing in and out book for people. This was completed when people left and returned to the home during the day. It recorded the date and times people left, their destination, contact number and their estimated time of return whilst also recording their actual time of return. The record also referenced risk assessments which were relevant to the activity. Risk assessments covered a variety of activities for example, independent travel, unsupervised cycling, use of staff cars, lone working. We noted that the assessments identified hazards, people exposed to risk, safety measures to follow, resources and a risk rating. For example, for independent travel on a bus or a train those exposed to risk were identified as people, public and staff. Hazards included stranger danger, challenging behaviour, damage to public property, getting lost and unexpected delays.

Safety measures included assessment of the route, suitable clothing and footwear, ability to ask for directions and read timetables. Resources listed included mobile phones, contact numbers and refreshments if necessary. Each person had been assessed by staff and judgements made as to whether people could participate in the associated tasks safely and competently. A relative told us, "People are given freedom and positive risk taking is promoted". This showed us that risks to people and the service were managed appropriately so that people were protected and their freedom was respected.

The registered manager told us that they had recently worked with people who lived at the home to risk

assess playing darts. This was in response to a person who wanted a darts board. The risk assessment clearly identified the hazards involved for example; darts being sharp and used as a weapon, they had the potential to bounce off the board, fall down the back of the hot radiator and cause damage to property. Safety measures included darts being kept locked away when not in use; make people aware of games before they start radiator cover to be in place before each game and all games to have staff supervision. In addition to this risk assessment we saw that people had written their own darts rules which everyone had agreed and was also reflected in the risk assessment. A staff member told us, "People are involved in assessing risks. I supported a person to assess the risks involved in using a scooter and the importance of wearing a helmet and appropriate clothing". This demonstrated positive risk taking by the staff and service which involved people and enhanced their understanding of risk management.

There was a business continuity plan in place which covered various scenarios from fire to accidents and dealing with media to missing persons. There was clear step by step guidance for staff to follow and contact details. This meant that staff had the information they needed to keep people and themselves safe should an emergency situation take place.

There were suitable numbers of staff to meet people's individual care and support needs. People's individual needs were assessed during the admission process and support hours provided to people according to their assessed needs. A person said, "There are enough staff here. Staff are always willing to help. I have never had staff refuse to help me". A staff member told us, "We are lucky to have a good size staff team. It means that people can be supported to do different activities every day". Another staff member said, "There are enough staff. We sometimes use agency staff and always try and use the same ones to maintain consistency". We reviewed the rota and saw that it reflected the staff ratio we were told by the registered manager.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS) to ensure staff were safe to work with vulnerable adults.

Medicines were managed safely. Medicines were securely stored and only given by staff trained to give medicines. The medicines lead in the home told us, "We have a good system in place which works well. Staff need to complete a competency assessment as well as training before they can administer". We saw that medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed. We noted that two staff signed for medicines being administered and that people were encouraged to sign their own MAR sheets as part of promoting their independence. Medication audits took place regularly both by the medicines lead and the management. These audits looked at storage, stock and gaps in recording and/or missed doses.

We discussed medicines with the medicine lead who explained that since having their responsibility they had created a more robust system which the registered manager had signed off. For example they had made sure that MAR sheets were easier to follow by highlighting times in different colours and putting in additional checks. This meant that the risk of any errors which may have a negative impact on people or missing signatures was reduced. The staff member also told us that they were actively supporting people to manage their medicines independently. We were shown competency assessments which were used, risk assessments that had been completed and some information provided to people which aided their understanding and enabled them to achieve this. One person was now using a weekly dosette box which they kept in their room and took their medicines themselves. The person then returned the dosette box to

the staff to refill with them at the end of the week. The medicines lead told us that this person was doing really well.

Is the service effective?

Our findings

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. A person told us, "Staff know us and what they need to do. They are skilled and clever. They use a mix of different approaches to help us". We reviewed the training record which showed that staff had received training in topics such as safeguarding, fire safety, information governance and first aid. We saw that staff had also received training in topics which were specific to the people they were supporting such as managing actual and potential aggression (MAPA), positive behaviour support and autism. A relative told us, "Yes I feel staff are adequately trained. The registered manager has made a lot of effort to make sure staff are experienced and well trained. This is very reassuring to me as a parent". A staff member told us, "There is a lot of training offered. Recently I completed nutrition and autism. I use my learning and bring it back into the service. For example, in nutrition training we were told that fruit forms the colours of the rainbow. We have now displayed this and shared it with people in the home".

New staff completed an induction programme which involved training and shadow working followed by competency tests. We saw that relevant new staff were working towards or had completed the care certificate or common induction standards. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training or experience. A staff member told us, "I completed my probation period earlier this year. It was a good induction process which was a good mix of practical, online and classroom based learning. This really benefitted me to understand what was expected of me and how best to support people". This told us that people were supported by staff who had the skills and knowledge to carry out their role.

Staff received regular supervisions with management and an annual appraisal. The registered manager had developed a spreadsheet which enabled them to keep an overview on these and make sure they were taking place regularly. Staff told us supervision was useful to them. A staff member told us, "My line manager always helps me. Supervisions are a perfect time to discuss issues or problems I may have with people or staff". The registered manager explained that supervisions lead on from probation meetings. We were told that they are a time for staff to share issues and staff's personal needs. The registered manager went on to say that the management manage these in ways that enable staff and that supervisions aid them in recognising staff as individuals, share developments, aims and objectives. The registered manager said, "I use these to be transparent with my staff and always make sure I cover positive work as well as any concerns I may have". This demonstrated that staff were supported by management to deliver effective care to people and have regular opportunities to discuss their roles and seek feedback on best practice.

We saw staff took it in turns to be shift leaders and used a handover record sheet which captured discussion topics to handover to staff on each shift. We noted that each person who lived at Milton Road had a text box on this sheet and information recorded included things such as; life skills, health and activities. There was also an action box which clearly listed actions needing to be taken for example, PRN medicine times and appointments. In addition to this shift leaders had a check list to complete and sign for which included checks on; medicines, monitoring files, laundry and sharps. This demonstrated that an effective system was in place to ensure that staff starting each shift had the appropriate information and knowledge to deliver

consistent support to people which was based on best practice. It also made sure that tasks and duties were completed in line with staff roles and responsibilities. The registered and assistant team manager felt that this system worked well. A staff member said, "Handovers are really effective and provide us with the information we need to continue working with the people. They are really important".

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.

Staff were aware of the Mental Capacity Act and worked within the principles of this. A staff member said, "MCA means that we assume people have the understanding to make decisions unless proved otherwise. There are five principles. If someone lacks capacity I would look at what is in the person's best interest. A meeting with my manager, family and person would be carried out to make sure decisions made are in the persons best interest and least restrictive". We noted that people and or families had signed care plans and consent forms for example personal care, use of photographs and sharing information. This demonstrated that consent to care was always sought.

We saw that the home used capacity assessments for some people. We found that there were two forms one covering day to day decisions and another covering more significant decisions. We reviewed one which had been completed with a person in relation to taking medicines. The person had approached staff saying that they did not want to take their medicine one day so that they could drink. We saw that the assessment clearly recorded that information had been given to the person and that the person had been assessed as having capacity to make this decision. The registered manager told us that the home was looking at completing capacity assessments for people who were working towards self-medicating their medicines. This showed us that the service was always looking to improve current systems and bring new ways of working into the home which would have a positive impact on the people living there.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection no one from the home was subject to DOLS.

People were supported to eat and drink enough. We observed that visual information was available to people in relation to healthy eating and nutrition. The menu showed that there was a variety of healthy food available. A person said, "I study nutrition so understand healthy food but staff do promote fruit and vegetables". We saw that allergens were clearly identified on the menu and that alternative food options were available. We reviewed house meeting notes which evidenced that people were involved in menu planning. A person told us, "I take part in planning the menu and choosing meals. Pasta is my favourite". We observed people making their own drinks, one person getting their own breakfast and another person cooking their own pasta meal during the inspection. People's likes and dislikes were known by staff and clearly recorded in their care files. This demonstrated to us that people were supported to eat and drink enough whilst having the information available to maintain a healthy balanced diet.

People were supported to access health care services. and there was a therapy team established within Cambian which included an occupational therapist, speech and language therapist, holistic therapist, psychiatrist, clinical psychologist and assistant psychologists. We reviewed records and saw that people had recently been supported to see GP's and dentists. We found that one person was visiting a health

professional on day one of our inspection. On day two we found that this had been recorded in the notes and exercise guidance shared with staff to support the person get better.

People who needed an independent representative to speak on their behalf had access to an advocacy service. We noted that there was information and contact details for this service and that an advocate regularly visited the home to talk to people.

Is the service caring?

Our findings

The service was caring. We observed on several occasions staff supporting people with life skill tasks for example; laundry and cooking. We also observed people independently cooking and saw that people had their own identified shelves in a communal fridge. A person said, "Staff support me to be independent and learn new skills. My next goal is to travel independently". A family member told us, "Milton Road staff have defiantly supported (name) to learn key life skills and independence. They have supported them to budget, tidy up after themselves and cook which are all important things they need to learn". This was good evidence of empowerment, active involvement and how the service promoted people's choices and independence within their own living environment.

People, relatives and staff all told us that Milton Road was a caring home. A person said, "Staff are good. They are all caring and I get on well with them. Staff all have a caring vibe and check that we are ok". Another person told us, "I like the staff here, they're nice. This house is perfect for me". A relative told us, "Staff are most definitely caring. They show professional compassion towards people and genuinely care. This is important to us as parents otherwise we wouldn't have them there". Another relative said, "As relatives it is important we trust the staff and we really do at this home".

A staff member told us, "I'm caring. I'm soft natured and never judgemental. I like helping people and get a sense of reward when I'm being helpful. I always think of other people's feelings". Another staff member said, "I genuinely care for people in a way that I would want to be cared for. I listen to people, give them structure and care about their needs". We observed staff on several occasions having positive interactions with people and heard banter and laughter at times which told us people felt relaxed and comfortable in staffs company.

People were actively involved in the planning and review of their care and support. A relative told us, "I'm invited to attend review meetings. I have requested an early review before which was arranged by the manager". A person said, "I'm involved in setting my care plan and my key worker keeps me up dated. We have care plan review meetings which my mum comes to, I have the option of being involved in these if I want to". We reviewed this person's care file and saw that they had been encouraged to complete a pre review questionnaire. This was used to gain their views and opinions in relation to the care and support they had received. We read through the last meeting notes and noted that they attended and it reflected their comments and feedback throughout. We found that care and behaviour plans were then reviewed in light of decisions and progress discussed at the meetings. This evidenced that people were actively involved in the planning and review of their own care and support. A person told us, "I've gone through my care plan and agree with it. I have also signed it".

Staff sought views from people and provide them with information which enabled them to make their own decisions. We spoke with staff and asked them how they promote choice and support people to make their own decisions. We were told that information could be given to people using different methods which may include verbal, written and/or visual. Staff said that Milton Road was a person centred home and was run by people, their choices and decisions. We were told that this included areas such as menu planning, life skill

tasks, timetables, house meetings and activities. Staff said to us that they would never assume what people's decisions would be and that they would always listen.

We were told that families and friends were able to visit people in their home. A relative told us, "I visit (name) at Milton Road. It is always relaxed there and never chaotic". The home was a 38 week service which meant that people went back to their families in the school holidays. People were also supported to spend time with their family when in-between the holidays too. A person told us, "I go home regularly and at the end of terms. It's important to me to see my family". Staff had a good knowledge of family and friends that were important to people and these were identified in the persons care files.

People's privacy and dignity was respected by staff. People had locks on their doors and held their own keys. Communal toilets and bathrooms had locks on them. People's individual records were kept securely in locked cabinets within the staff and/or manager's office to ensure sensitive information was kept confidential. A staff member said, "I don't discuss people with staff in communal areas and always ask people questions respectfully. We don't leave files out and only use initials when writing records".

Is the service responsive?

Our findings

People's likes, dislikes, interests and hobbies were recorded in their care files. Activities were available to people for example, we saw an activities board which listed opportunities such as pub quiz's, a pier zip wire trip, fit club and a pier to pier run. A person said, "It's nice around here, we can walk to the train station, it's close to the beach and shops. I do most things independently which is important to me". We reviewed the short term activities file. These were completed before one off activities took place or before people were signed off as competent to carry out activities on their own. An example of one of these activities was a college day trip. The plan clearly identified the activity and who it related to. It detailed the purpose which in this case was a sports activity linked to a course a person was doing. The plan listed resources which would be needed for example; money, appropriate clothing and a mobile phone. Risk assessments were referenced, linked and signed off by the registered manager. A person told us, "I like to go to the gym and it's local, this is linked to my course and I'd like to be a personal trainer one day". This demonstrated that the home provided opportunities which were responsive to people's interests, hobbies, social and learning needs

Milton Road was responsive to people's changing care and support needs. Each person had an individual risk assessment which reflected guidance to staff from their behaviour support plans. These plans ensured that staff had the information required to respond appropriately to behaviours presented by people which may challenge the service. Behaviour plans identified proactive strategies for example, how to prevent behaviours from occurring as well as active and reactive strategies which detailed what staff must do when behaviours start and how to support people to manage this. Following behavioural outbursts there was also information reflecting relapse prevention approaches which told staff how to prevent it from reoccurring. We found that these plans were comprehensive and effective. Staff told us that they found them very useful when responding to people in certain circumstances. A relative told us, "When (name) does present behaviours staff always look at why it may have happened and how to support them to learn and prevent the situation from happening again. Staff have real patience and never judge (name) at these times". This demonstrated how people received personalised care which was responsive to their needs.

We observed a person getting frustrated and asking for support to find their beanie hat. Staff stopped what they were doing and supported them to find it which provided reassurance and settled them. The hat was found and the person left for college. We further noted that the person texted the staff informing them that they had forgotten their lunch money and asked if staff could bring it to college with them. Staff promptly responded saying yes and took it over to them.

Milton Road supported some people who displayed behaviours such as self-harm. We saw that people had, what the service called; sensory diet plans in place. These contained strategies and guidance for staff to follow in these situations. We noted that the plans had been put together by the people and staff. They detailed people's sensory preferences, for example; deep pressure rubbing, therapy brushing or use of a fiddle object. Approaches people did not want staff to take were also identified, for example; one person did not like their head to be touched. We found that staff who used sensory strategies with people had received training from the occupational therapist. We also noted that all incidents were recorded and body maps

completed. This demonstrated to us how the service proactively supported people during these sensitive situations and responded positively to reduce the impact of any harm people may present towards themselves.

There was an effective comprehensive admissions process in place for people who were thinking about living at Milton Road. The process was led by the transition manager and covered a three month period where daily reports were completed and a three month review took place. New people's placement plans covered people's individual needs, their levels of independence and the support people required. We found that people were fully involved in these and advocates were arranged as and when appropriate. Findings during the period enabled the service to reflect their care, support and staffing needs in care packages which were then discussed with the person's social worker and taken to a commissioning panel. The registered manager told us that any new admissions were discussed with the people during house meetings.

We saw that people meetings took place regularly and were attended by most of the people who lived at Milton Road. A person said, "Student meetings are useful. They keep us informed about changes and activities. They are also an opportunity to raise issues we may have about our rooms or complaints. We always discuss the menu too". Another person told us, "I attend student meetings. These are useful for information". A staff member said, "Student meetings are an opportunity to get people together and discuss concerns and update people. Recently some people fed back that their radiators weren't working and in response to this we got maintenance out to fix them". We looked at the house meeting notes and found that this had been recorded. We checked the radiators with people and were told that these had been fixed. An agenda and the last meeting notes were displayed on the people's notice board. This showed us that people were given an opportunity to add to the agenda prior to the meetings taking place. We noted that an activity had been added for discussion and requested by a person. The registered manager had encouraged the person to take ownership in researching costs and directions for this. The registered manager told us that the activity would require some careful risk management and that they were in the process of doing this. This demonstrated that people were listened to and that the service learnt from people's feedback and experiences.

People, staff and relatives were all able to tell us who they would go to if they had a complaint or concern. We noted that there was information available to people regarding the complaints procedure which included contact details. For example, we saw that there were leaflets which were titled, 'is everything all right? If not, read this leaflet. These gave people the information, a space to write down their concern/s and a free post envelope to return it to a key contact for Cambian. This demonstrated an open culture where people were supported and encouraged to raise concerns and/or complaints should they have any.

A relative told us, "If I had a concern or complaint I would have complete confidence that it would be resolved promptly". Another relative said, "I have received a copy of the complaints procedure. I have never had to raise any concerns and however I feel I could if required". We found that the service had a complaints record which captured the complaint and logged steps taken to address them. The registered manager told us how they had responded to an informal complaint recently. We were told that the neighbour had said that the security light was shining into their front window at night. In response the registered manager had arranged for the bulb to be removed and an additional light used which did not shine onto any other property. We noted that there were no outstanding complaints. We saw that there was also a bully box which was situated by the front door. This allowed people to write notes of concern to staff if they felt vulnerable or required support. Staff told us that this was checked twice a day by both shifts.

The registered manager told us that they were a big believer in reflective learning and that one action they had set in their development plan this year was to develop better systems to improve feedback opportunities for people, staff and families. We were shown a new feedback questionnaire template the home was using which reflected the five key lines of enquiry (KLOEs) which CQC use to inspect registered services and included a prompt for the respondent as guidance. For example they had written, is the service we offer responsive? By responsive, we mean that services are organised so that they meet people's needs. In our services, this means that people get the care they need, are listened to and have their rights and diverse circumstances respected. It then gave the respondent options to agree, disagree or mark as unsure and also offered a text box for them to write additional comments. The registered manager told us they want to use the KLOEs so that people, staff and relatives would get use to the language and gain an understanding for it. We also noted that feedback forms had CQC contact details on them. The nominated individual said that this was in case people or families were not satisfied with Milton Roads responses.

The registered manager showed us feedback from one person which was generally negative. For example they had written comments which included; "everything is either broken or breaking", "we are frequently short staffed", "staff are unprofessional and are always watching T.V.". The registered manager showed us that she had spent time putting a written response together for the person thanking them for their feedback and making sure they fed back on each point the person had raised. For example; the registered manager had said that everything which had been reported as being broken had been replaced however if the person had or knew of other items then they asked for this to be brought to her attention or raised in house meeting. We read that reassurance had been given to the person in relation to staffing numbers and that the registered manager had said that they will address staff watching T.V in the next staff meeting and increase the number of spot checks they carry out. This demonstrated a real commitment to encouraging people to feedback and taking positive action in response to that which was received. This also showed us that the service was open to learning and always responded to people.

We found that this feedback was only one person's perception and spoke to them on day two of the inspection. They confirmed that they were currently happy at Milton Road and were being supported to get ready to attend an interview that afternoon. We read that other people had fed back in their questionnaires positively. We noted that one person had written, "amazing staff day and night. Just an awesome house!"

Is the service well-led?

Our findings

The registered manager had embedded an open culture within Milton Road and demonstrated good leadership and management by using empowering approaches with people and staff. We saw that a relaxation room was being developed by people next to the manager's office. The registered manager explained that they have been working with people to take ownership of this and create their own space and 'dark den'. We were told that a dark den would be like a small tent where people can sit and fiddle with little light up objects or just take time out and/or relax. This would then provide people who may at times feel anxious or vulnerable with a smaller more secure area. This would support them with their feelings and/or ability to perform daily living tasks. We saw that it had just been painted by people and that the registered manager was working with the occupational therapist to identify a budget for people to manage. A person told us, "The manager is good. They get things done and sorts them. (name) helped me sort out my own bedroom window blinds".

Staff told us that they each had responsibilities for the running of the service such as money, medicines and meeting outcomes. We saw that staff responsibilities were displayed in the staff office. We discussed these with the registered manager who said, "These empower staff and helps to make them feel involved in the operation of the service". They gave an example and said, "One staff member has the responsibility for following up staff meeting outcomes. This is done by the staff member following up actions with their colleagues via email and discussions and making sure they are completed by the agreed dates". The registered manager explained that they had asked staff to email them a list of what they felt their responsibilities would include. This enabled the registered manager to assess the staff members understanding and if necessary provide additional support.

A staff member said, "It's good that staff have responsibilities. It's such good team work and we all feel involved in the running of the home". Another staff member told us, "Management support me to do tasks and develop my skills. They never take tasks from us they provide the information to put us on track which then helps us learn and achieve". Another staff member said, "The registered manager is the best manager I have had. They give me the tools to achieve and learn. (name) is very visible, supportive, patient and understanding. Always approachable, respectful and honest". Another staff member told us, "The registered manager is a real people person. They lead by example and promote a positive atmosphere which is very inclusive". A relative told us, "The registered manager leads by example. I get the feeling that there are no conflicts between staff and management. The management are responsive and have good communication with everyone". The registered manager said, "I'm not a dictator. I like to think I empower people. If I need to be firm I will be fair and adapt my approach to meet the recipient's needs, it tends to work". This demonstrated that professional boundaries were well established and that people and staff were equally involved in the running of the home and respected.

People, relatives and staff were very complimentary about the management team at Milton Road. A person said, "The registered manager is good and so are the assistant team managers. They always have time for me". A relative told us, "The management manage and lead the staff well. They are all approachable and have a good handle on what is happening as well as what may need to happen". Another relative said, "They

all lead by example and respond to us if we want them to". A staff member said, "The registered manager is brilliant and really supportive. Management won't let things slip and will always address issues professionally". We asked relatives and staff to rate the service. One relative said, "10/10 because of the quality of care. The staff are consistent, the accommodation is good. I couldn't recommend them enough to others". A staff member told us, "I would rate the home 10/10 because it's an amazing staff team, environment, people are listened to and are able to make real choices. Activities take place and people learn independent skills. Together we make such a difference". People and staff said that they liked how the registered manager works shifts and completes management tasks in the home as well as in their office. The registered manager said, "I'm not one to stay shut away in an office. I try to work regular shifts weekly so that I can keep a handle on what's happening day to day and be a positive role model". This again demonstrated positive leadership and good management.

Staff meetings were held weekly. Like people's meetings, agendas are put up prior to the meeting so that all staff have the opportunity to add discussion topics. We saw that staff had added under resources; torch, and added responsibility updates. This showed us that staff were actively encouraged to be involved in raising topics for discussion. We read that meetings regularly covered areas such as; actions from previous meeting, medicines, safeguarding, people and training. We reviewed one set of notes which was a meeting following the suspicion of substance misuse by people in the home. The notes captured discussions staff had and recorded that the police visited to provide information and raise people and staffs awareness around the dangers and consequences of misusing substances. We were told that this had had a positive impact on the people and there had been no further evidence or suspicion that it was happening anymore.

We also noted that a person had recently started horse riding and that staff needed to all read and sign the risk assessment before supporting her on this activity. We found that there was a read and sign sheet at the front of all staff meeting notes and that staff had completed this. Actions were then followed up by the outcome lead. We reviewed emails sent from the lead to their colleagues reminding them of what was agreed and staff confirming completion. Staff told us that if they felt practice could be better or developments made then they shared it with the management, people and each other. These would then be discussed and if appropriate agreed. This meant that changes which showed they could have a positive impact on people, staff and service delivery would then be made.

We reviewed incident report records and saw that staff debriefs took place following situations when people had displayed behaviours which challenged staff and the service. The assistant team manager told us that they felt debriefs were important for both people and staff. We were told that these are an opportunity to discuss behaviour support plans, reflect on the incident, think about what was behind behaviour and agree if approaches need reviewing. A staff member said, "The management are good and listen. Sometimes it can be hard supporting people with their behaviour. It's nice to be able to talk to them. It's important for us and people". The management used an online incident reporting system which captured details and enabled the registered manager to quality monitor and analyse the information to identify any reoccurring trends.

We read the Cambian mission statement which was to actively enable people to achieve their best however it is defined for them or by them. Staff told us that they really supported this and promoted it. We observed staff fulfilling the statement on several occasions throughout the inspection. For example; learning life skills, attending an interview and revising for exams. A person said, "I'm doing some revision tonight. I have been offered the opportunity to go to the pub but I need to revise". We were told that staff respected this and supported them.

The registered manager said, "I am always looking to deliver a service which is above and beyond". We saw that the registered manager attends regular external manager network meetings. The registered manager

told us that they attend these meetings to learn and share best practice with other health and social care professionals. We noted that Milton Road had signed up to the social care commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is a Department of Health initiative that has been developed by the sector, so it is fit for purpose and makes a real difference to those who sign up. We were shown the home's development plan which was made up of seven statements with tasks listed and plans on how they would achieve them. For example, one was to encourage employees to sign up and commit to any codes or standards. This would then enable them to reflect on current practice and understand how to deliver even better innovative quality care and outcomes to people. We saw that tasks to achieve this included running information sessions, discussions in staff meetings, reviews in supervision and appraisals whilst also incorporating questions relating to culture and the working environment into people questionnaires. During the inspection we found that these tasks were either still in process or had been completed. The registered manager was using the information they had collated so far to analyse staffs current practice and what impact this had on people.

This service completed a number of quality audits which were comprehensive and covered a variety of areas such as premises, safeguarding, medicines and a daily controlled drugs audit. In addition to these registered managers from the different local Cambian services take it in turns to audit each other's services. This auditing process gave an opportunity for an impartial review of systems and practice to take place and offered people and staff the opportunity to feedback to someone from outside of the home. We were shown how the registered manager completed a monthly analysis of the service. This provided them with an overview of how the home had performed month by month. We found that the analysis covered key questions linked to the key lines of enquiry (KLOE) and enables the registered manager to set clear targets to work from. The nominated individual then showed us a new registered manager's audit which had recently been introduced to services. It was more comprehensive and reflected the CQC's fundamental standards and key lines of enquiry. These showed us that there were a number of effective quality monitoring systems in place.

In addition to quality auditing and general monitoring of the home the management team at Milton Road held regular monthly quality meetings. We were told that areas discussed include; feedback from senior management meetings, safeguarding's, recent audits and disciplinary. The registered manager told us that the benefits from these meetings are that they maintain transparency; shares ownership and ensured consistent messages were shared with people and staff. This meant that the management were seen to be strong leaders who were responsive and committed to quality service delivery.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.