Liaise Loddon Limited

Timaru

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

Timaru provides accommodation and personal care for up to six people living with a learning disability, autism or mental health needs.

The inspection was announced and was carried out on 29 June 2017 by one inspector.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Staff were skilled in communicating with people in a way that met their needs, such as reading body language, pictures and signing, which ensured people felt valued, listened to and in control.

Staff respected people's diversity and human rights, empowering them to make choices and take control of their lives. There was an excellent focus on person centred support and staff were exceptionally committed and determined in finding ways to help people develop trust, confidence, self-esteem and achieve excellent outcomes.

Staff worked with external behaviour specialists to identify reasons for, and address people's distress and anxiety. This had an extremely positive impact on people's behaviours that challenged themselves and others. Robust record keeping enabled staff and health professionals to monitor the quality and effectiveness of people's care and support and analyse any trends.

People were supported to maintain their health and well-being and received advice and treatment when required. People were offered sufficient food to eat and drink to meet their specific dietary needs.

There was a positive, supportive and open culture within the home. This was consistently commented on by relatives who told us that the staff were extremely responsive and provided personalised support that met people's complex needs. Staff were positive about working at Timaru and felt very well supported by the registered manager. Staff felt listened to and involved in the development of the service.

People were encouraged to take part in a wide choice of activities and educational opportunities, both at home and in the community, which increased their skills and independence. People were also supported to be involved in their local community.

Safe recruitment procedures were in place and sufficient staff were deployed, including one to one and two to one staff support. People were supported by staff who had received appropriate induction, training and supervision and had the necessary skills and knowledge to meet people's individual, complex needs.

Staff were extremely kind and caring, treated people with dignity and respect and ensured their privacy was maintained. The provider had renovated the home to meet the changing needs of people and provide them with more personal space.

Relatives and staff had opportunities to feedback their views about the home and quality of the service being provided, to help drive improvement. Robust systems were in place to monitor and assess the quality and safety of the home and these were kept under review by the registered manager and senior management team.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Regular safety checks were carried out on the environment and equipment to keep people safe. Plans were in place to manage emergencies and personal evacuation plans were in place for people.

People and staff told us they felt the home was safe. Staff had received safeguarding training and explained the action they would take to report any concerns. Complaints procedures were available and any concerns were appropriately addressed.

Effective systems were in place for the safe storage and administration of medicines, including controlled drugs. People received their medicines from staff who were appropriately trained to do so.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and ensured decisions were made in their best interests. The registered manager understood the Deprivation of Liberty Safeguards and had submitted requests for authorisation when required. Other notifications were submitted to the commission when required.

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 remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Outstanding ☆

The service is extremely responsive.

The registered manager and staff went the extra mile and provided creative solutions to meet people's complex needs and improve their quality of life. The provider and staff sought expert advice from behaviour specialists and achieved excellent outcomes for people.

People, their families and health and care professionals were involved in thorough and detailed person centred support plans which promoted choice, independence, community access, rights and control. On-going reviews ensured people's support remained relevant and enabled people to achieve excellent outcomes.

Relatives told us they knew how to make a complaint but had no complaints and were very happy with the service.

Is the service well-led?

Good

The service remains well led.

Timaru

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 was carried out on 29 June 2017 by one inspector. We gave the service 24 hours' notice to ensure the people we needed to speak to would be there.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and the most recent Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection. We also reviewed notifications. Notifications are events the provider is required to tell us about by law.

During the inspection we spoke with one person living at the home, a visiting relative and the behaviour support specialist. We observed people being supported during the day to help us understand their experiences. We spoke with three members of the care staff, the positive support co-ordinator, the registered manager and the operations manager. Following the inspection we received feedback about the service from three health and care professionals. We also spoke with two relatives by telephone to gather their views on the care provided to their loved ones.

We looked at three people's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We reviewed the recruitment records for five staff. We also looked at other records related to the running of the home, including staff training and appraisals, incident and accident records, medicines records and systems for monitoring the quality of the service provided.

The service was last inspected in July 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives told us they thought their loved ones were safe at Timaru. One relative said "[Our family member] is safe here. We went away for three months. Years ago I couldn't have imagined doing that. They have a handle on it." Another relative said "it's progress, just for him to be kept safe. He's definitely safe."

People were protected from harm and improper treatment. The home had a safeguarding adult's policy and staff had received training in safeguarding adults. Staff were able to explain what safeguarding was and how to identify and report any concerns. They were also aware of the Whistleblowing policy and said they would use it if they had to. Whistleblowing is where staff can report poor practice within the staff team without the fear of recriminations. Staff regularly discussed safeguarding issues, such as recording any bruises, during their staff meetings. There had been no recent safeguarding concerns and this was due in part to recent environmental changes in the home and staff approaches. The registered manager told us there had been a lot of incidents between service users previously. However, with the new layout of the home there was more space for people to use and staff used re-direction techniques when necessary so any potential incidents had been eliminated.

Incidents and accidents were recorded and investigated and any injuries were noted on body maps. Staff recorded an account of what had happened before, during and after any incidents and this was checked by the registered manager for learning, which was shared with staff.

Environmental risks were identified and managed. Robust systems were in place to check safety within the home. For example, a monthly check of the environment and equipment was carried out, including general health and safety, electrical safety, vehicle checks and first aid and any actions undertaken to meet shortfalls. Fire alarm systems were tested weekly, and monthly emergency lighting checks and a fire precautions review also took place. Any identified issues were recorded and actions required were followed up. A Fire Risk Assessment had been completed by an external consultant in May 2017. Actions identified had been completed or were in hand. The home had an emergency plan which gave guidance to staff in the event of an unforeseen emergency. The plan contained useful phone numbers of utilities companies and key people who would need to be contacted.

Individual risks relating to people's daily activities had been assessed and measures were in place to mitigate the risks. For example, when evacuating the building in an emergency or using the paddling pool. A staff member explained to us how they checked out community spaces to make sure they were okay before supporting people to use them. For example "If we're going out shopping, I'd go in to the shop first."

Where people had specific health conditions such as epilepsy, the risks had been assessed and detailed guidance provided for staff to follow. Staff were knowledgeable about the risks to people and how they should support them to keep them safe. A relative told us their family member was at risk of falls due to their epilepsy and explained "They're trying to minimise falling and looking at soft edges and cushioning." Where people displayed behaviours which might present a risk to themselves or others, the behaviours and triggers to these had been identified and guidance was provided to staff in how to manage the risks. Risk

assessments had been regularly reviewed, any changes recorded and staff made aware of new guidance. Staff we spoke with were all aware of signs to look for that might indicate people were becoming distressed or anxious and the risk of increased behaviours.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Recruitment records for each staff member included proof of identity, an application form, a full employment history and satisfactory references. A Disclosure and Barring Service (DBS) check had also been carried out before staff started work. DBS checks help employers to make safer recruitment decisions.

There were sufficient numbers of staff to meet people's needs and keep them safe. We observed that each person received one to one or two to one support from staff at all times, both at home and in the community, and staff were deployed effectively. Due to the intensity of the support required, staff were allocated to support people for specific periods of time, usually two and a half hours, and then rotated to support another person. This was confirmed by relatives we spoke with. Rotas were clear and showed the staffing levels were as described to us by the registered manager. Daily allocations took account of allocated training, annual leave, any agency staff requirements and people's scheduled activities. When talking to us about their family member's support, a relative told us "The staff feel stable. It's a big enough core team to make it work." One staff member told us the registered manager was recruiting new staff so they sometimes used agency staff. They said "We use a very good agency, always the same staff" which provided continuity and consistency of support.

People received their medicines safely from staff who were appropriately trained to do so. Staff received regular training and an annual assessment of their competency to administer and manage medicines. Each person had a medicine administration chart (MAR) with details of the medicines they required. This was checked by staff before administering each medicine and completed and signed by staff when each medicine had been given. Staff knew how people liked to take their medicines and ensured they received them in their preferred way, such as with yoghurt. Where people were prescribed medicines as required, such as pain relief, clear protocols were in place to guide staff about how and when this should be administered. Medicines reviews were carried out by health professionals to check they were still necessary and effective and any changes communicated promptly to staff.

Safe systems were in place for the ordering, storage and disposal of medicines, including controlled drugs (CDs). CDs are medicines that are managed under the Misuse of Drugs Act 1971 and require specific management and storage. Medicines, including CDs, were safely stored and organised in locked cabinets. People's medicines were ordered in a timely way which ensured they were always available when needed and were not at risk of running out. Stocks were monitored to reduce the risk of too much medicine accumulating and staff only ordered what was needed. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. Audits were in place to monitor the effectiveness and safety of medicines management. We carried out a spot check of medicines and found stocks of medicines and their records corresponded and were correct.

The home environment was clean and tidy. Protective clothing was available and in use by staff. Training records showed that staff had completed initial training in infection prevention and control although this was overdue for updating for some staff.

Good

Is the service effective?

Our findings

Relatives were happy with the health care support their family members received. One relative told us their family member had a health condition and were confident staff knew what they were doing and said "He has regular trips to the GP for checks and to the dentist. They're on the ball with everything." Another relative confirmed staff had involved relevant health professionals to help with their family member's health condition which "Timaru manage well." They went on to tell us communication and staff training was good and said "Timaru have a large meeting room now and accommodate professionals meetings and staff training. They have a rolling programme of training. I often hear them [staff] say they are doing training. Staff have skills, they are competent. They can do the job."

Most staff received regular training in a range of topics, such as first aid, safeguarding adults, moving and handling and The Mental Capacity Act 2005, which enabled them to provide effective support to people. Refresher courses and on line training was available to enable staff to keep up to date with their skills and knowledge, although we noted that a number of staff had not completed all of these. The registered manager sent us an up to date matrix of which training needed to be completed and told us "We are not completely on top of the refresher training backlog yet and will have made really good progress on it this year. Specifically with Safeguarding, all out of date co-workers are being requested to complete a Safeguarding questionnaire….the pass mark is 80%" and went on to say if staff did not reach that mark they would be required to attend classroom training. All staff had received Proact Scip (Strategies for Crisis Intervention and Prevention) training which provided them with the skills required to safely manage behaviour that challenged, although eleven staff were overdue to update this. Internal staff had been trained to deliver this training to the staff team. An action plan was in place to address any training needs and we have reported more about this under the well led section of this report.

Additional training was provided to staff to help them meet people's specific support needs, such as an understanding of epilepsy, autism and emergency administration of medicines. The provider also involved health professionals in supporting the staff to learn new techniques and develop their care practice in complex circumstances. For example, one person had behaviour that could be a significant challenge to staff. They were supported with this by an intensive interaction co-ordinator from a health trust who provided written feedback which included "[The staff] developed reflective practice around the use of their intensive interaction. Reflection was in the form of paperwork and videos of themselves interacting with [the person], which developed their self-awareness and confidence and also provided material for future workshops in order to further develop their skills."

New staff received an in house induction, which included the Care Certificate, when they started in their role. The Care Certificate is a nationally recognised set of standards staff must achieve when working in social care. One member of staff explained they had a lot of support and training before working with people. They said "I had two days training a week for the first six weeks and completed the Care Certificate standards. I shadowed in the first week and watched my mentor. In the second week I was observed by my mentor. It really helped my confidence. I had to read the care plans and risk assessments. My colleagues were really good and gave me lots of hints and tips."

Most staff received regular supervision from their line manager which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns. A new appraisal system had been introduced. All staff had received a self assessment form to complete and some of these had been returned to the registered manager. Appraisal meetings had been scheduled for the week after our inspection. Staff told us they felt well supported and could ask for advice or guidance when they needed to.

People were supported to maintain their health and wellbeing. Detailed assessments had been undertaken to identify the support people needed to stay healthy and guidance was available to staff in how to meet these needs. Records showed that people had access to a range of routine and urgent healthcare services when they needed them, such as GPs, hospital outpatients, dentists, chiropodists and opticians. Health investigations were requested to identify or eliminate health concerns. For example, where people were unable to tell staff if they were in pain, and where their behaviour indicated something might be wrong. Records were maintained of people's health histories, reviews, injuries, blood tests and routine appointments. Each person had a monthly and annual health check which included height, weight, medication, pain, skin condition, feet and oral hygiene. Any concerns were discussed and followed up with relevant healthcare professionals. Relatives received a monthly update which included their family member's state of health. For example, the results of any blood tests, injuries and general good health. A health professional involved in on-going support

People's rights were protected. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Mental capacity assessments had been completed to determine if people had the capacity to make specific decisions for themselves. Where they did not, best interest decisions were made on their behalf with the involvement of relevant others. Detailed records were kept of these decisions which were regularly reviewed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had applied for appropriate authorisations where required. 'Restriction Reduction Plans' were in place and these were reviewed regularly to ensure any measures in place remained the least restrictive. For example, one person had a lock on their TV cabinet and kitchenette as they did not understand the dangers of electricity and would chew the cables. Restrictions were removed if people's identified risks had decreased and it was safe to do so. The registered manager explained "If there is no behaviour, there is no risk." Staff understood the principles of the MCA 2005 and DoLS and were able to explain people's individual circumstances in relation to any restrictions.

People were supported to enjoy a balanced diet, sufficient for their needs, and to make choices about their meals on an individual basis. Some people were not able to say what they liked to eat and drink so staff used food tasting sessions to help identify this and recorded the results. For example, one person had been given pickled beetroot, soft cheese and olive spread to try which the person had liked. Objects of reference were also used to help people decide what they wanted to eat, such as showing bread and cereals for breakfast. Relatives were satisfied with the arrangements for meals. One relative told us "They are meeting [my family member's] nutritional needs. His weight has come down and I've noticed a change in his appetite. They know his likes and dislikes. He wouldn't eat anything he didn't like." Another relative said staff were "patient" when assisting their family with their meals. "If you cook him something it might end up on

the floor but they [staff] are consistent. His diet is varied and quite nice." Staff we spoke with were knowledgeable about people's likes and dislikes and the support they required to meet their eating and drinking needs.

Good

Is the service caring?

Our findings

Relatives told us staff were kind, supportive and friendly. One relative said "There's always a warm welcome, staff show warmth and friendship, never an attitude." Another relative confirmed that staff were respectful telling us "They are aware of the need for respect and dignity. They also respect [my family member's] privacy."

People were encouraged to maintain relationships with their families and people who were important to them. Relatives were welcome to visit at any time and we observed the interaction between one relative who was visiting and the staff which was relaxed, respectful and friendly. Another relative told us "I do feel an equal. If we have a difference of opinion, which doesn't happen very often, they respect that, they are never underhand." They told us that staff brought their family member home for visits and said "It's a one hundred mile round trip, but they always bring him" and they clearly valued this support.

The atmosphere in the home was calm and relaxed and staff had time to sit with people and chat or engage in sensory activities to help re-assure them if they became anxious. We observed that staff were caring and thoughtful in their interactions with people and celebrated the important progress people had made in their communication and socialisation. For example, one person had previously had difficulty in communicating and being around others due to their high levels of anxiety which posed risks to the safety of themselves, staff and other people living in the home. They were now less anxious a lot of the time which enabled more opportunities for positive interactions. Staff interacted calmly and warmly with the person, responding to their cues. They shared smiles and high fives, sat holding hands and clapping and provided gentle touch to guide and reassure the person. The person was happy, calm and enjoying the company of staff. A staff member told us "You hear [the person] laughing now. It's something amazing."

Staff respected people's privacy and dignity and this had been made easier since the provider had recently carried out a major renovation of the home. This had created more appropriate communal space and each person now had their own en-suite bedroom plus their own living room. Due to their complex needs, one person also had their own independent annex. The new building layout meant staff did not have to walk through people's communal space to reach the office areas anymore which was less intrusive. It also enabled people to have time out and the privacy and space they needed if they did not want to be around others. We observed people making these choices which were respected by staff. A relative told us "I was worried [my family member] might be a bit isolated but has as much access as [they] want. There are no locks or barriers to access the house but if [they] want [time] out they can." There were also several distinct areas around the large garden where people could be away from others if they wanted some personal space. People's bedrooms were decorated to their own tastes and were furnished with their own belongings which reflected their interests and preferences, such as special toys, pictures and photographs. People had their own music systems and TVs which in some cases were protected behind toughened glass for safety.

There was a strong, person centred culture within the home. Staff respected people's diversity and human rights and this was evident in their individualised support plans and the way people were empowered to make their own choices. Staff had excellent knowledge of the people they supported, including their life

histories, families and other people who were important to them. Staff cared about the people they supported and focussed on their strengths and personalities. These were recorded in their support plans as their 'unique gifts,' such as 'A good sense of humour' and 'Sociable' and 'Smiles and giggles when funny.'

Outstanding ☆

Is the service responsive?

Our findings

Relatives and health professionals consistently told us they were extremely happy with the way staff supported people at Timaru to live as full a life as possible. One relative told us "[My family member] is extremely complex and regularly challenges staff. They must be vigilant. They make sure people get what they need." Another relative confirmed "We always attend reviews and are involved in the planning. We wouldn't be able to survive without them. We're fully on board. They look after [our family member] so well." A third relative told us "I feel they don't need us anymore. They have a handle on it. They've demonstrated they can manage and respond and get [my family member] to a much better place. We really need to applaud them for that!"

People received excellent, person centred support from a provider and staff who went the extra mile. Staff were extremely responsive and committed to finding solutions to reduce people's anxiety and distress and improve their quality of life. For example, one person had extremely complex behaviours which significantly challenged the staff and others. Their self injurious and unpredictable behaviour had increased and had become more distressing for the person and for the staff supporting them. The staff team had become 'burnt out' and they were unable to identify an approach which met the person's increasingly complex needs. The provider sought specialist advice from an intensive interaction co-ordinator (IIC) from an NHS Foundation Trust who had expertise in this area. Working with the IIC and other health and care professionals, extensive work was carried out to try to identify the causes of the increased behaviours. New strategies were implemented which included reducing the size of, and changing the make up of the person's core support team. This ensured the person had fewer staff around them but who were familiar to them and whom they trusted. Staff received bespoke training and coaching from the IIC based on the person's specific needs. The IIC changed the approach to support by empowering the person to take the lead at their own pace, rather than through staff led engagement which could be seen by the person as having demands made on them. Changes were also made to their environment by way of converting an annex to provide them with self contained accommodation which provided a quieter and calmer personal space. This all led to a significant decrease in the person's distress and self injurious behaviours. The IIC observed staff supporting the person with the new approach which included videoing their practice and watching back with them to see what had worked and where they could have done things differently. The IIC provided encouragement, and where necessary critical feedback on staff practice. Staff recorded, in detail, all of the intensive interactions with the person such as their mood, behaviour and body language and this was reviewed after each session. The IIC fully involved the staff and helped them reflect on what worked and what did not, providing guidance and support.

Staff used a traffic light system to monitor and analyse people's behaviour and mood, which helped them to achieve excellent outcomes. Green meant the person was calm, amber meant slightly distressed and anxious and red meant distressed or highly anxious. Close analysis of the results for the person who had received intensive intervention showed a dramatic decrease in their distressed and anxious behaviours. For example, there were two incidents of 'distressed, highly anxious' behaviour recorded in April 2017. There had been sixteen recorded in April 2016. In April 2017 staff recorded 45 'unsettled and anxious' incidents. In April 2016 there had been 145. Feedback from health professionals was equally positive. One health professional

told us " The core team that support [the person] have developed a very person centred, caring and responsive way to support her. They make time for simply being with her and listening to her as opposed to staff-led communication and activities. The outcomes in terms of the reduction in her challenging behaviour speaks for itself. Their use of intensive interaction has been highly effective." Another health professional confirmed "During our contact, Lodden [the provider] achieved a positive outcome….but above all showed a very high commitment to meeting the need of a very complex service user."

Staff were skilled in supporting people to communicate in a way that met their own specific needs and maintain control and choice. For example, the use of PECS (picture exchange communication system), Makaton (hand signing), objects of reference, pictures, photos and verbal and visual prompts were all used to support different people and their individual communication needs. Proactive communication was clearly identified as an important part of people's positive behaviour support planning (PBSP). For example, one person used a 'photo board' which staff updated with a photo of themselves when they started to support the person at a particular time or for a specific activity, and removed it when they had finished working with them. This gave a clear visual signal to the person that their support staff were about to change. Staff also used a picture representing 'sleeps' to help the person count down the days until their next visit with their parents. Staff listened to people and watched their body language and other signs so they understood when and what they were communicating and responded appropriately. Staff communication skills were observed by senior staff during regular observed practice sessions to ensure communication with people was effective and in line with their assessed needs and support plan. Records from one observation stated 'The observer was impressed by the SW's (support workers) ability to notice behaviour changes, hence gave him personal space.' Where improvements could be made, these were discussed with the member of staff and recorded.

People's support was planned with them, their relatives and relevant health and care professionals. Robust assessments of people's support needs were undertaken and developed into detailed support plans. These plans were extremely person centred, focussed on people's rights, choices, and control and achieving positive outcomes. For example, one person could hit out at others if they became stressed or over excited. Their behaviour support plan stated "In the longer term [person] to learn a more functional way of asking other people to move away from him e.g. 'move please,' 'away,' 'go away,' 'move away,' or 'give me space'….so he feels safe/in control. This would need teaching/practising when [person] is calm and relaxed…to go and stand/sit down in a quieter place and get a reward for going there." We spoke with their relative who told us the staff had been working on communication with the family member and had seen an improvement in this behaviour. They said "The work they've been doing has made a difference. It's gone from hurtful slapping to a gentle slap. They have good practice and I'm happy to support them. All credit to [the registered manager] and [the positive behaviour support] staff."

People's support was regularly reviewed to ensure it remained current and reflected on what had worked well and people's achievements. Relatives received a monthly report which gave a summary of what their family member had done that month, their general mood and any incidents. Their general health and any health appointments were noted and any changes to their support plans were included. Each report listed all the activities they had taken part in and included colour photographs, such the person as gardening, going to the hairdresser or to a barbeque. Information about the home was also shared, such as the purchase of new garden furniture. The registered manager told us relatives could access the 'Relative's Gateway' (an online system), with a unique password which gave them access to family member's records if they wished to do so. This included activities, achievements and photos. Relatives confirmed they had access to this and felt involved and kept informed of their loved one's progress. One relative told us "We always attend reviews and are involved in care planning. They keep us informed of what's happening." Another relative told us "They are very good. We get a report once a month with pictures. It's easy to get hold

of them and get a response if we need to." A third relative told us they had legal authority to make decisions about their family member's health and welfare and said "When they get a challenge, they look at the causes. They bring in ABC forms, sit down and have a good think about it so it doesn't happen again. Causes can be difficult to pin down but they're using all the right techniques and cope with [my family member's] behaviour. They explain what and why. We're equal partners. Practically, socially he's very comfortable." Support plans were robustly reviewed each month and each area discussed and recorded in detail which included activities, communication, health, behaviour and the environment. We noted in one person's review that staff were concerned about their weight increasing each month. Strategies were recorded for addressing this, ensuring the person still had free access to healthier options.

People were empowered to make choices about how they spent their time and were supported to follow their interests and hobbies. The registered manager and staff used their knowledge of people's likes and interests to offer activities that were varied and met people's preferences. These included arts and crafts, guitar sessions, cooking, music and dance, visits to garden centres and Legoland, the hydro pool, trampolining and walks in the forest. People were also supported to take informed risks. The registered manager explained that some people had previously had limited experiences in the community due to risks associated with their behaviour. However, they had seen a decrease in behaviour amongst people following intensive behaviour support and the improved environment. People were now trying new things. For example, one person had recently been supported to go to the hairdressers for the first time as they were much calmer. They told us "We talked to [the person] to help them understand about the hairdressers and looking nice." On the day of the appointment "He went to his room and got his shoes. He waited ten to fifteen minutes for his appointment. We use the same hairdresser and discussed everything with them beforehand." They then showed us photos of the person sitting in the chair having their hair cut. They were looking in the mirror at their new hair style and seemed calm and happy. Another person was in training to complete a five kilometre charity run for the National Autistic Society. Staff had set up a website and emailed colleagues to promote awareness and start fundraising. Relatives told us their loved ones were supported to take part in a wide range of activities both at home and in the community. One relative told us "They do offer choice. [My family member] goes out every day. He needs to go out. He needs a sense of purpose. I can't praise them enough." A care professional confirmed they had received a good level of communication from staff and had seen "Improved quality of life, increased community access and a decrease in behaviours that challenge."

Staff looked for and celebrated people's potential and encouraged them, where possible, to undertake accredited training. We saw that some people were completing courses and qualifications that develop skills for learning, work and life and help people develop their confidence, self esteem and independence. For example, one person had completed the 'Starting out' module which included communication, independent living, hobbies and things they were good at and they had received a certificate from the awarding body. Other achievements were celebrated by staff. The registered manager explained they gave certificates to people for things they did well or for taking part in activities. For example, when they initiated and took the lead in their intensive interactions with staff or for their musical ability. A relative told us "[My family member] has now started showering. They [staff] really shared the celebrations with us."

The home had a complaints procedure which relatives were aware of. They told us they would be confident that any concerns would be taken seriously. One relative told us "I haven't had to complain about anything. I do believe if I had any concerns they would be investigated and addressed." Another relative told us they had raised a concern although had not wanted this to be a formal complaint. They had been invited to a meeting to discuss their concerns, which had been dealt with quickly and to their satisfaction.

Good

Is the service well-led?

Our findings

People and relatives had a positive relationship with the registered manager and staff. Comments from relatives included "It's very well managed and well organised. The communication is good. It's excellent. We can get in touch with head office and they come back to us." Another relative said "Clearly as a company they've got their head screwed on. They make sure people get what they need." A health professional involved in the intensive interaction support commented "Clearly this team is well led, as management support and co-operation of this approach is essential." Another health professional explained "Loddon [the provider] were then very responsive in being creative about resolving environmental issues with significant innovation and financial investment to provide a private environment, with future plans to develop this."

There was an open and relaxed culture within the home and relatives and staff spoke highly of the registered manager and management team. Staff felt very well supported by the registered manager who provided clear leadership and direction. One staff member told us "There's an open door policy. If there's a problem you can go and explain. I can also go to [the operations manager] at head office." Another staff member said "Management are amazing here. Very helpful."

The provider had a clear vision for their services and shared their philosophy on their website which states; "Liaise Loddon provides small, friendly, community based homes to adults with profound learning difficulties, usually associated with autism. We give the people we support the power to take as much control as they can to live happy and fulfilling lives." During our inspection we observed that staff understood this philosophy and a recent companywide staff survey found 87% of all staff employed by the provider understood the values and agreed they were at the heart of everything they did. When talking about the progress one person had made, their support worker told us "It's not just a job. They [the person] are amazing. I enjoy being part of their lives" and a second staff member told us about another person and explained "He leads his life. He has what he wants. He's in complete control."

Staff meetings took place which provided opportunities for staff to share information and good practice. Staff told us these meetings were helpful and enabled them to offer support to each other as well as discuss any issues or concerns. Minutes of recent meetings showed staff discussed issues such as the staff survey, key worker roles, night staff duties and recording of information.

The provider had robust systems in place for maintaining accurate records. Staff used a hand held device to record people's daily care and activities and this was then uploaded onto an electronic system. This enabled the registered manager and senior staff to monitor people's progress or any concerns and produce detailed reports as and when they needed them. We viewed a number of reports during the inspection and found the information to be detailed and up to date. A relative told us "The documentation is very good. The attention to detail, the depth and volume of the paperwork they keep for [my family member]…it's so important, especially with challenging behaviour. I'm delighted with the way they are looking after him."

Quality assurance systems were in place to monitor the quality of care and drive improvements. Relatives and staff were encouraged to feedback their views and any concerns, which were welcomed as a means of

improving the service. A relative told us "The do send out questionnaires. The want input from us." A company wide staff survey for 2017 had been analysed and the registered manager was waiting for their relevant feedback. Quality assurance visits were regularly undertaken. These checked areas such as the environment, staff practice and that any previous actions had been completed.

A range of audits were carried out to check the quality and safety of the home, such as health and safety and night staffing, and any actions followed through. The registered manager produced a weekly report which was sent to the senior management team highlighting key operational issues such as staffing, supervisions, any restrictive practices and safeguarding issues. This enabled senior managers to monitor the service and address any issues promptly.

Arrangements were in place to monitor and improve the uptake of staff training. The provider had invested in learning and development, creating a dedicated post to review and develop the training requirements of their workforce. A new learning and development policy had been written, and training delivery reviewed and improved. A training matrix was developed which helped managers track their staff training and highlighted what needed to be updated. The registered manager at Timaru explained that a training programme was now in place for their staff and they expected that all training would be up to date by the end of 2017.

The registered manager understood their responsibilities under the Health and Social Care Act 2008. The registered manager submitted notifications of events and incidents to the commission when required. Incidents and accidents were recorded and actions taken when necessary. Any learning was shared with the staff team or across the organisation if relevant to do so.