

Downing (Alton) Limited

Jasmine House

Inspection report

4A Geales Crescent
Alton
Hampshire
GU34 2ND

Tel: 0142082369

Date of inspection visit:
20 May 2019

Date of publication:
01 July 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Jasmine House is a residential home that was providing care to four young adults who either lived with a learning disability or physical disability or other complex needs. The service is located on a quiet residential road, close to local amenities. The service has five bedrooms, two situated on the ground floor and three on the first. Stairs and a passenger lift provide access from the ground floor to the first floor. Each bedroom has an en suite shower or wet room.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include, choice, control and independence. People receiving the service receive planned, and co-ordinated person-centred support that is appropriate and inclusive for them. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

A person told us, "Living here feels like a proper home."

People did not feel as though they were being cared for by a 'service' they felt like four young people who had agreed to share a house, living their own lives, just like any other members of society. People were at the heart of the service provided by staff.

People worked in partnership with staff to ensure their care was shaped by their choices and led by their decisions.

People felt able to express their views on any aspect of their care at will and said their wishes were acted upon by staff.

People and their relatives spoke in glowing terms of how exceptionally compassionate and kind staff were. Their experience was that staff wanted to work at the service and enjoyed caring for them.

Staff provided people with a truly responsive service, tailored around each person's needs and aspirations. This achieved outstanding outcomes for people who told us they were living lives that were truly "Fulfilled".

People and their relatives all reported they had open and honest relationships with both staff and the registered manager.

People and their relatives told us they felt the way the service was very well-led. There was a strong emphasis on continual learning and the delivery of people's care reflected best practice guidance.

Staff had a positive approach to risk taking with people and risks were identified and managed in a manner which did not restrict people's rights.

People had their assessed needs, preferences and choices met by staff who had the required qualifications, skills, knowledge and experience.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection:

At the last inspection the service was rated good (07 April 2017).

Why we inspected:

This was a planned inspection to check that this service remained good.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated outstanding. We will continue to monitor the service through the information we receive.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Jasmine House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was completed by an adult social care inspector.

Service and service type:

Jasmine House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service supported people with learning disabilities and/or autism. The service was registered to support five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include, choice, control and independence. People receiving the service receive planned, and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had two managers registered with the Care Quality Commission, only one of whom still worked at the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider has since taken the required measures to ensure the registered manager who no longer works for the service de-registers as required.

Notice of inspection:

This inspection was completed on 20 May 2019 and was unannounced.

What we did:

Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We sought information from four service commissioners and received feedback from two commissioners.

During the inspection we spoke with all four people. We spoke with the four care staff on duty and a member of the night care staff about people's care. We completed more in-depth interviews with two of these staff.

The registered manager was not available during the inspection, so we spoke with the operations manager.

Following the inspection, we spoke with the registered manager by telephone on 3 June 2019.

We reviewed two people's care plans and two staff files. We reviewed people's medication records, staffing rosters and records related to the management of the service.

Following the inspection, we spoke with two people's relatives.

Is the service safe?

Our findings

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the care of staff. A person told us, "I trust staff."
- Staff had all completed safeguarding training which they updated annually. They had access to relevant policies, procedures and guidance. Safeguarding information was displayed for people and staff's guidance. Staff demonstrated a sound understanding of their safeguarding responsibilities and role if they had any concerns about a person's welfare. A staff member told us, "I have to report any abuse to the manager immediately." No safeguarding alerts had needed to be submitted to the local authority, but the registered manager and staff knew what to do if they had concerns about a person's welfare.

Assessing risk, safety monitoring and management

- People had individual risk assessments written in consultation with them which covered all aspects of their care delivery. These were reviewed and updated regularly to ensure they remained effective.
- The registered manager told us, "We take risks, but do so safely. We work around risks, for example, by using extra staff." Staff underwent relevant training in relation to how to manage identified risks to people. This included training on the provider's policies and procedures and people's individual risk assessments. This training was supported by staff then completing practical competency assessments, in areas such as moving and handling. Staff demonstrated a good understanding of the risks to each person and the measures in place to ensure their safe management. A staff member told us, "Risks are well understood and managed." People confirmed staff followed their risk management guidance, such as ensuring there were two staff to transfer them where required.
- Staff followed a positive risk-taking model, which is where available resources are used with the person to promote positive outcomes, focused on the person's strengths. Staff recognised positive risk-taking empowered people to have more control of their lives and to make choices. For example, everyone told us they had control of their money, rather than it being looked after by staff. People found this empowering and told us they asked staff for assistance if required. Staff also told us how a person enjoyed cooking which they encouraged. A relative told us, "They [staff] take positive risks which they first discuss with [name of person] and us" and "The support and back up is always there for [name of person] to take risks." A person told us, "I can go out at will I just ask the staff." Staff understood potential risks which were well managed in consultation with people.
- People's challenging behaviours were recognised and managed by suitably skilled staff in a manner which was not restrictive to their rights or freedoms.
- Relevant safety checks had been completed in relation to gas, fire, water and electrical safety. People's equipment was checked prior to use, well maintained and serviced regularly. Regular health and safety checks were completed on the building and environment.

Staffing and recruitment

- People's care plans described how many staff they required for different aspect of their care, such as emotional or physical support. The service was well staffed, in accordance with the hours commissioned for

each person's care. On the day shifts, there was a mixture of both male and female staff, to enable people to have a choice over who provided their care. Although all of the staff were well skilled, qualified and trained, there was a shift leader to ensure a member of staff took responsibility to lead the team on each shift.

- The staff team was very well established and stable. Many of the staff had worked for the provider for a long time and people had built strong relationships with them. There was no use of agency staff, as people did not like their use. Instead staff confirmed, "We cover shifts for each other." There were no current staff vacancies.
- The provider completed relevant pre-employment recruitment checks prior to offering staff employment. This ensured only staff suitable for their role were recruited.

Using medicines safely

- Staff had all completed both eLearning and face to face medication training. Staff also undertook competency assessments of their practical medicine administration skills. Staff had access to relevant medicines information and guidance.
- People had risk assessments in place for their medicine's administration. Staff ensured where people took medicines which required additional tests and checks on their health these were completed as required. People's medicines were kept under review at their health check-ups.
- People's medicines were stored securely at the correct temperature. Processes were in place to ensure the safe ordering and disposal of people's medicines and to account for any medicines staff took out for people when they were away from the service. Processes were in place to ensure the provider could account for the amounts of medicines they held. Staff ensured they documented people's medicines administration on their medicine's administration record.

Preventing and controlling infection

- The service was visibly clean and there was an infection control staff lead who ensured infection control guidance was followed. Facilities were provided to enable both people and staff to wash and dry their hands. Staff had undertaken infection control training and there were plentiful supplies of personal protective equipment. A person told us, "Staff wear the gloves and aprons." Where people were at increased risk from acquiring an infection, there was specific guidance for staff to ensure any risks were safely managed for people.

Learning lessons when things go wrong

- Staff understood their responsibility to raise and report any concerns or safety issues for people. Staff documented any incidents, and these were then reviewed by the registered manager to identify if any further action was required. The registered manager told us how staff also completed 'reflective practice' accounts after incidents. This enabled them as individuals to reflect on how they had managed situations and what they could have done differently. In addition, these accounts provided learning opportunities which were used during supervisions and staff meetings, to promote collective staff learning. Processes were in place to enable any learning from incidents to be shared, reflected upon and any lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social care needs were holistically assessed. A person confirmed, "When looking at moving in we went through my needs." The registered manager described to us how people's transition to the service was tailored to their needs and managed at their pace, however long this took. People's care and treatment was delivered in accordance with legislative requirements and good practice guidance. Processes were in place to ensure staff were kept updated regards good practice and any changes to legislation or guidance. This ensured consistently effective outcomes were achieved with people.

- Processes were in place to ensure people did not experience discrimination when decisions were made about their care and support. Staff completed training on equality, diversity and inclusion, person centred care and the service user guide, to ensure they understood people's rights and any barriers to their inclusion. People's rights were enshrined within the resident's 'Charter of Rights.' People were fully involved in all aspects of their care and support, to ensure their views were heard and acted upon.

Staff support: induction, training, skills and experience

- People had their assessed needs, preferences and choices met by staff who had the correct qualifications, skills, knowledge and experience. Staff completed an induction to their role, followed by an extensive programme of required and additional training relevant to people's practical and emotional care needs. There was a strong organisational focus on continual learning and development. Staff were supported with their professional development; eight of the eleven staff held a professional qualification in social care. Staff received regular supervisions. A staff member told us, "Yes we all have supervisions and appraisals, anything we need we get."

Supporting people to eat and drink enough to maintain a balanced diet

- People were fully involved in decisions about what they ate and drank. A person told us, "Every Monday we do a menu plan for the week, we can choose different things." We saw people enjoyed a varied and balanced diet. People's skills and abilities in relation to food and drink preparation had been assessed and people were supported to maximise their independence in this area. Potential risks to people associated with their eating or drinking or weight had been identified, assessed and measures put in place to mitigate them. Staff understood people's food and drink preferences, such as what they liked to eat and where they wanted their meals served. We observed meals were flexible to people's preferences and needs and relaxed.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Processes were in place to promote good communication across the staff team. Staff told us, "All

information is shared at the staff handover and this is documented. Staff have to sign to confirm the notes have been read." Staff were very aware of changes to people's needs and made prompt contact with external professionals and submitted referrals as required. Professionals confirmed staff communicated well with them about any issues. People had hospital packs in readiness for any transfer to hospital, which contained all the essential information health care professionals would require.

- People were supported to have regular health check-ups for example with their GP and dentist. Staff kept a record of when people's check-ups were due, to ensure they were not missed. Staff were vigilant and understood the signs people might not be well and took relevant action. A person who had particularly complex healthcare needs, confirmed, "Staff call the GP if I am unwell. Staff understand the signs of me being unwell." Staff ensured also people saw health care specialists as required. Staff supported people to maintain good health through for example, supporting them with their physiotherapy exercises and attendance at community-based weight loss groups where they wished to participate.

Adapting service, design, decoration to meet people's needs

- People told us the premises were suitable, comfortable and met their needs. The building was well decorated, well maintained and fully accessible for people who were wheelchair users. There was a ramp to the front door and a lift to the second floor. People's feedback included, "It is very accessible, and I can get out and about" and "The building is fit for purpose, corridors are wide enough." There was plenty of space for people both internally and externally.

Ensuring consent to care and treatment in line with law and guidance

- 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 had completed MCA training both through eLearning and face to face training. They demonstrated a sound understanding of the principles of the act and its application.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People had the capacity to consent to the care, support and supervision they received and were not deprived of their liberty. Therefore, they were not subject to the Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- People and their relatives spoke in glowing terms of how exceptionally compassionate and kind staff were. Staff's caring attitude impacted very positively upon people's experience of the care provided. A person told us, "Living here feels like a proper home" and "Everybody cares." Another person commented, "All the staff want to be with this company." Relatives told us, "It [the service] is a rare find," "There are few places these days where staff really care," and "I don't think [name of person] could be in a better place." People were cared for by highly motivated and kind staff which resulted in people placing great value upon the care they received from them.
- There was a strong, visible person-centred culture. The registered manager told us, "Staff actually care" and the operations manager told us, there was a, "Culture of caring," which we observed. Staff's caring attitude ensured people experienced 'a real home.' Staff clearly cared about people as well as for them. A social worker confirmed, "Staff are caring and know the client well."
- The caring culture was embedded right through staff's relationships with people, their families and each other. There was mutual respect between people, staff, families and professionals. A relative said, "We have a great relationship with the staff."
- The operations manager provided an example of where staff had gone 'above and beyond' to support a person through a recent emotional crisis with the whole staff team pulling together for a number of hours, with the support of the registered manager to assist the person. The person's social worker commented on how positively staff had supported this person.
- A relative of another person told us how due to their personal circumstances it was difficult for them to transport their loved one home for visits. They said, "If [name of person] wants to come home, staff go out of their way to bring [name of person]." This enabled the person to have regular visits home at a very important time for them and their family.
- Another person told us if they needed to travel to another town to buy specialist food for their pet, then staff drove them, to ensure their pet was properly cared for. Staff were happy and willing to support people both emotionally and practically, however and whenever they required their assistance.
- Staff had real empathy for the people they cared for. A staff member told us, "The house runs smoothly. We try our best to give people what they want and need." It was evident from feedback from people and their relatives and our observations, people were exceptionally well supported.

Supporting people to express their views and be involved in making decisions about their care

- The service was exceptional at helping people to express their views. The registered manager told us, "We include everyone in everything." We observed people were involved in decisions about all aspects of their lives. For example, from being consulted about whether and how much meals should be seasoned when cooking right through to their views on the suitability of the vehicles provided for their use. This ensured their views about all aspects of their lives were sought and understood by the staff who provided their care.
- Staff tailored a highly individualised approach to ensure people were given the opportunity to have

meaningful input into decisions about their care. Two people told us there was no keyworking system, where people have an allocated worker to meet with them on a monthly basis, as they had decided and told staff it was not required. As one person said, "We don't need keyworking, you can talk to anyone about anything that concerns you." A relative told us, "We have a great relationship with the staff." People felt able to express their views on any aspect of their care at will. They did not require processes to enable them to air their views with staff, they felt comfortable enough to speak to any of them about anything as they wished.

- Staff's communication style varied between people and was responsive to their needs. If people needed visual cues, to help them understand and manage their day these were provided. One person used a system of display boards which staff had devised to help them understand and make sense of each part of their day, with simple sentences. This gave them reassurance and confidence as they could understand what was due to happen at any given time.

- People had control over each aspect of their care and their lives, they lived life as they wished. A person told us, "I am in control," another confirmed, "Whenever staff support me they must check how I want the care provided." A relative said, "[Name of person] is supported to live the life [person] wants to." People felt staff really understood them and fully respected their choices and wishes.

- People were empowered to make decisions about their care. A person told us, "We are consulted about everything." We observed staff discussed in detail with people the options for each aspect of their daily care. Staff did not make assumptions but checked at each point with people what they wanted and how they wanted to be supported.

- A relative told us, "The care plans are detailed so anyone could deliver the care." Staff had an in-depth knowledge of each person's preferences, wishes and choices. They knew and understood the information in people's care plans about their history, interests, aspirations and dislikes. The registered manager told us how they ensured a person was able to receive support from staff of their preferred gender as this was important to them.

- Staff were skilled at managing conflicts. A relative told us how impressed they were by the way staff sensitively explored any areas of conflict and sought to find resolutions. They told us, "The calm atmosphere helps people's behaviours." Staff described to us how they managed situations with people and why. Their skilled interventions, enabled them to diffuse situations which arose, resulting in positive outcomes for people. The registered manager told us how staff had used their skills to diffuse a recent situation which arose in the community with a person, in a manner which ensured their safety and rights were upheld.

Respecting and promoting people's privacy, dignity and independence

- Respect for people was woven through the service. A person's care plan stated, "Respect [person] for [person's] abilities and not disabilities." Staff were taught to see and react to the person first, rather than their diagnosis. People reported they felt truly respected. One person said, "Staff respect my choices about how I spend my time." Staff were observed to treat people very respectfully. Staff had an exceptional understanding of people's personal needs and ensured their privacy.

- People's rights were enshrined within the resident's 'Charter of Rights.' People were fully involved in all aspects of their care and support, to ensure their views were heard and acted upon.

- Staff were respectful of people's personal beliefs. We observed staff very sensitively listen whilst a person expressed their views. Their care plan provided an in-depth description of their beliefs and how and when they might be expressed. Their relative said, "They understand and accommodate how [person] feels." The registered manager was also able to describe how staff respected the person's beliefs, which differed from many staff's own and supported the person to express themselves in the manner they wished.

- People told us their personal care was provided in a dignified and private manner. A person told us "Staff always knock" and "Personal care is in private and I am covered."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative told us, "[Name of person] is supported to live the life [person] wants to." Staff listened to and understood what made a 'good life' for each person. Staff had outstanding skills such as their ability to form strong professional relationships with those they cared for, based on mutual respect. Staff had an excellent understanding of each person's social and cultural diversity, values and beliefs that influenced what care and support they wanted, where and how. As a result, staff enabled each person to live as full and rewarding a life as possible. A person commented about their life at the service, "Life is pretty fulfilled."
- Staff responded and went 'the extra mile' to address people's needs in relation to their protected characteristics under the Equality Act 2010. Staff had received relevant training in equality and diversity and had opportunities for reflection on their practice which they used to positively inform the provision of people's care. This had led to people experiencing exceptionally fulfilled and diverse lives.
- People had detailed and completely individualised care plans. The delivery of their care was developed in partnership with them. People's care plans were 'living documents' that evolved and were updated as people's needs changed. As a result, staff enabled each person to take an active part in all the aspects of daily life they chose, based both on what they could do and what they wanted to do.
- Two people were supported by staff in response to their wishes to undertake voluntary or paid work. This involved staff transporting them to and from work. Enabling them to come home for lunch if they wanted to. A person's relative told us, "[Name of person] is at work meeting people" and "[Name of person] has a life. The job gives [name of person] a life." This person confirmed how much confidence their employment had given them. They said, "I can talk to customers it helps me improve my skills." A social worker confirmed it was the support from staff that enabled the person to go out to work and experience paid employment. We saw the efforts staff went to, in order to ensure this person was able to attend work, which had huge importance to them. Another person's relative said, "Staff's support for [name of person's] work is very good. They make sure [name of person] is up and ready."
- Staffing was tailored specifically around enabling people to pursue their interests and aspirations. Staffing arrangements were flexible to ensure people could do what they wanted, when they wanted. Staff supported people to attend a vast range of community-based activities focused on their individual interests, in addition to work. These activities took place in the day, evenings and at weekends. The registered manager told us how one social activity finished in the evening at the same time as the end of the staff shift, but staff stayed on the extra hour, to ensure people could attend. People were able to attend what they wanted, when they wanted. A person confirmed, "You can do the activity you want, when you want."
- Staff demonstrated a strong commitment to suggesting, encouraging and facilitating new activities to broaden people's skills and maximise their potential. People were attending courses in the performing arts, music and drama at different local colleges, social clubs and sports activities. A person played a musical instrument and were supported by staff to play it at gigs. They told us what pleasure they derived from

playing their instrument. People told us staff also suggested ideas they might not have considered. A person said, "Staff provide ideas for new activities." This enabled people to be aware of the full range of potential opportunities available to them.

- Staff understood the importance of social relationships and community integration for people. A relative told us of their loved one's relationship, "They [staff] have been extraordinarily supportive of [name of person's] relationship." Staff had ensured the person had space within the house, to spend time with their partner and cook for them.
- Another person told us how they had formed a friendship with a person at a social activity and how staff took them to meet their new friend for coffee in the community whenever they wished.
- People took an active role in their community and were supported to build sustained positive relationships outside of their paid support. People were well known and integrated within their local community, where they had also formed friendships. The registered manager told us how they were encouraging a person to set up their own coffee morning to invite local people to.
- People were supported by staff to pursue their interests and ambitions. Two people had been supported by staff to purchase their own pets, one of which required specialist knowledge and care. A person told us how staff had supported them to ensure their pet had the right enclosure, food and care. The person's relative told us, "They have been very supportive with [name of person's] pet. It has given [name of person] a sense of responsibility and pride."
- A person enjoyed cooking, so staff had taken them to the library to borrow recipe books. This enabled them to access new recipe books, so they could experiment with their cooking and had improved their cookery skills.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. Staff provided people with information in an easy read format or it was simplified as required.

Improving care quality in response to complaints or concerns

- People knew how to raise any issues or complaints and felt very comfortable in doing so. A person said, "We get information about how to make a complaint." We saw the complaints policy was displayed and provided in an accessible easy to read format. The complaints policy clearly set out the process for making any complaints and how these would be investigated and addressed for the person.
- The registered manager told us how a person had raised an issue. Although they did not want to raise a formal complaint, their concerns had been listened to, investigated and acted upon, which records confirmed. As they told us, "It was important to be transparent in this situation and [name of person] was empowered to raise the issue." They also told us how learning took place from the incident, in order to reduce the likelihood of repetition. This demonstrated an open, honest and learning culture, where a person was supported to raise an issue that arose and was treated compassionately by staff.

End of life care and support

- Nobody at the service was currently receiving end of life care, but the provider had developed an approach to deliver responsive and compassionate end of life care to people if required. Staff had been provided with the opportunity to undertake an end of life eLearning training package, to increase their awareness and understanding.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us the way the service was very well led. A person said of the registered manager, "She is a really good leader she seems she cares about the residents and staff " and "She is committed to making it as good as possible." Another person said, "It has a good reputation." Relatives confirmed, "She is an excellent manager" and "I'm extremely happy with how its run." This resulted in people living very fulfilled lives, in terms of fully participating in society through their paid/voluntary work, enjoying fulfilling personal relationships and taking part in a range of activities that had meaning for them.
- The registered manager was an inspiring leader to the staff team. Although the registered manager could not be there on the day of the inspection, her influence and impact upon the service were clear. Staff were a skilled, strong, committed and collaborative, team, who were clearly proud of and motivated by their work with people. Staff were inspired and highly satisfied working for the service. People benefited from staff who were motivated to go the extra mile for them in terms of exploring all opportunities for community participation and ensuring people were enabled to access them.
- Staff told us how supportive the registered manager was. A staff member said, "[Name of registered manager] is a very supportive manager. She ensures we are open about any issues." Another said "[Name of registered manager] makes sure staff have anything they need to do the job well." The operations manager echoed staff's feedback, they told us "[Name of registered manager] is an outstanding manager and the team respect her tremendously. They are happy to challenge her. They work as a very close team." When we spoke with the registered manager following the inspection, about how they motivated staff. They told us, "You have to value people [staff] for who they are. If you build their confidence and strengths, you motivate them."
- The registered manager ensured people were at the heart of the service. Staff understood the provider's philosophy of care as set out in their statement of purpose. Records showed this, and the provider's values were discussed with staff at supervisions. They ensured people's rights were upheld and the provider's philosophy of care was applied in every aspect of staff's work which was planned and executed in partnership with people. This enabled people to live very integrated, diverse and fulfilling lives based on their abilities and interests.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had two managers registered with the Care Quality Commission, only one of whom still worked at the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. We brought this to the attention of the operations

manager. The provider has since the inspection taken the required measures to ensure the registered manager who no longer worked for the service de-registers as required.

- Governance was well embedded within the service. There was a clear governance structure and accountability was understood from the care staff, through the registered manager, the operations manager right through to the nominated individual. Staff understood their roles and responsibilities and were confident in the support provided from managers at all levels of the organisation.
- The registered manager told us how they led by example, they worked on the floor. They told us, "You have to do what you say. It's about what we can collectively support service users to achieve."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were able to inform decision making within the service to achieve their desired outcomes. The registered manager told us, "Residents are included in everything we do." There were consistently high levels of constructive engagement both with staff, people who used the service, relatives and professionals. Through daily discussions, meetings, surveys and regular visits from the nominated individual. The operations manager told us how people had told the nominated individual, they were not satisfied with the second vehicle they had purchased for the service and this was in the process of being addressed. People had an exceptional level of influence about what happened in their home. Staff also felt involved, a staff member told us, "[Name of registered manager] listens to our suggestions."
- Staff recognised the service was people's home and they had every right to be consulted about any changes. People told us their views were sought about new people's potential compatibility, prior to them being accepted. People felt their feedback was sought, listened to and acted upon.
- The service had forged very strong links with groups and colleges within the local community that reflected the needs and preferences of people who used the service. These had resulted in a range of opportunities for people to develop new skills and competencies and for people to have a strong community presence. The links enabled people to form a range of relationships within the community, with people who may or may not live with a disability. They also provided people with choices and enabled them to feel valued as citizens through their community participation.

Continuous learning and improving care

- There was a strong emphasis on continual improvement. A staff member told us, "[Name of registered manager] is always finding learning opportunities for us." Another staff member said, "Every day you learn in this house." Staff understood and applied good practice guidance to achieve highly effective outcomes for people.
- People and staff were equal partners and had a shared understanding and commitment to continually improve the quality of the service. A person said, "We attend training. We all do that one [fire] for safety. It informed me of how they would do things if it happened." This person now felt more confident about what to do if a fire should break out, due to this training. This demonstrated how people were seen as and valued as joint partners in training and the safe provision of their care.
- Processes were in place to evaluate the quality of the service provided. Daily and weekly safety checks were completed. People's medicine records were audited. In addition to the in-house safety checks and audits the operations manager completed regular audits, to ensure the provider had oversight of the quality of the service provided and to identify any potential areas for improvement.

Working in partnership with others

- The service worked in partnership with key organisations to support the provision of people's care. Social workers told us how open the service was in their communications. They also reported how collaborative they found the service was in working with them.

