Community Homes of Intensive Care and Education Limited

Parkview

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

This inspection took place on 24 and 30 August 2016. We gave the service short notice as we needed to be sure people would be there. Some people also had needs on the autistic spectrum and would be able to cope better with an inspection, when made aware of it in advance. The service was last inspected in May 2014 and was compliant with the essential standards inspected.

Parkview is a care home without nursing that provides care for up to nine people with learning difficulties, some of whom also have needs on the autistic spectrum. Twenty four hour support is provided by a regular team of staff.

A registered manager was in place as required in the service. 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.

Relatives and staff felt the service was very well managed and praised the registered manager and her management team. The registered manager was felt to be very accessible and listened to the views of others and acted on them. Staff found the registered manager approachable and felt well supported by the management team. People had very positive relationships with staff and management, which enhanced their day to day experience.

People's rights and freedom were actively protected and promoted by the service. Staff had a good understanding of relevant legislation and supported people's rights in the course of their work. The environment and grounds had been adapted and developed in response to people's needs. This enabled them to enjoy as much freedom as possible.

Staff worked proactively and responded to people's needs in a timely way so their anxiety was minimised, and they were very skilled at supporting people to manage their behaviour. Staff recognised the signs or triggers for particular behaviours and offered reassurance or diverted people to something they enjoyed. People's support was provided based on very detailed care plans and supporting documents, such as risk assessments, which reflected their needs, wishes and aspirations. Support and care were provided in a person-centred way and people's individuality was recognised and valued.

Interactions showed staff and people had positive relationships and were encouraged to make decisions and choices about their daily lives. Staff respected people's dignity and privacy and worked calmly alongside them. We saw numerous instances of warmth and humour between people and staff and lots of smiling and laughter from people in the course of activities and interactions. People accessed a wide range of activities, outings, trips and holidays and were involved in choosing these.

Health care was outstanding. People's health needs were very effectively monitored and supported. Staff

had identified major health concerns and acted promptly to ensure people received the medical tests, care and treatment they needed with due regard for their best interests.

People were kept safe because health and safety issues were effectively monitored, servicing and safety checks were carried out regularly and prompt action was taken to address issues. Staff understood their role in keeping people safe from harm and knew how to recognise and report any concerns about abuse. They were confident management would respond appropriately and act on anything they reported. Where possible, people had also attended training to enhance their awareness of keeping themselves safe.

The service was subject to effective monitoring by the management team and the provider, to ensure standards were maintained. Identified issues were actioned in a timely way. The management team worked to develop and improve the service to ensure people's changing needs were met. The views of people, families and staff about the service, were sought and acted upon.

The staff recruitment process was robust and appropriate checks took place. Recruitment files contained the required evidence of the process. Staff received a thorough induction based on the national Care Certificate competencies. They received ongoing training through the provider's rolling programme. Staff were well supported through supervision, team meetings and annual appraisals. They felt valued, were highly motivated and enthusiastic. The provider operated additional training initiatives which staff had benefitted from and achieved promotions as a result.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe because staff were skilled at meeting their needs and knew how to recognise and report any concerns about their care.

Staff recruitment systems were robust and sufficient staff were available to meet people's needs.

Medicines were administered safely on people's behalf and managed within a robust system.

Health and safety related issues were very well monitored and managed and timely action was taken to address any issues which arose.

Is the service effective?

Good

The service was effective.

People and relatives were very happy with the support and care provided by staff. People were supported so as to maximise their freedom of choice and involvement. Where close supervision was necessary this was done as unobtrusively as possible.

Staff treated people very much as individuals and were very familiar with their needs and how they communicated their emotions and anxieties. People's rights and freedom were protected and promoted by staff.

Exemplary proactive action had been taken to address individual needs. Staff monitored people's health and wellbeing very effectively and had successfully identified the need for medical investigations. People had received exceptionally good support from staff through major medical treatments and their subsequent recovery.

Staff were well trained, for the most part and effectively supported through supervision and appraisal and felt well supported and motivated by management.

The physical environment was subject to continual improvement and had been adapted to better meet people's needs and enhance their lives.

Is the service caring?

Good

The service was caring.

People and relatives felt staff provided excellent care and treated people with kindness and respect.

People's dignity and privacy were supported and enhanced whenever possible and they were involved as much as possible in making day to day decisions about their care.

Staff and visiting specialists recognised and respected people's cultural origins and interests.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been very positively responded to, in order to maximise their quality of life.

People's care plans and associated records provided staff with very detailed information about their needs and staff met these in a proactive fashion.

People had access to a wide range of activities and events within the service and the local community and went on regular day trips and holidays.

Is the service well-led?

Good

The service was well led.

Relatives and staff felt the service was very well led by the management team. The registered manager was seen as very approachable and proactive and listened to their views.

Staff felt involved, consulted and very well trained and supported by management. They understood the clear expectations upon them with regard to good practice.

Staff felt very positive, motivated and enthusiastic and clearly enjoyed their work. They felt the service was continually changing and improving to ensure it met people's needs.

Comprehensive monitoring of the operation of the service took place and action was taken to address identified issues. The views of people, relatives and staff were sought and acted upon.	

Parkview

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.

We last inspected the service on 15 and 21 May 2014. At that inspection we found the service was compliant with the essential standards we inspected.

This inspection took place on 24 and 30 August 2016 and was announced. The provider was given short notice because the location provides support for adults, some of whom are often out during the day; we needed to be sure that someone would be in. Some people also had needs on the autistic spectrum and would be able to cope better with an inspection, when made aware of it in advance.

This was a comprehensive inspection which was carried out by one inspector. Before the inspection, 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 looked at the information provided in the PIR and used this to help us plan the inspection. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

Two people were able to give us limited verbal feedback about their experience of the service. We also spoke to three relatives to seek their views about the service. We observed the interactions between people and staff and saw how staff provided people's support. We had lunch with people on the first day of the inspection. We spoke with two of the staff, the two deputy managers and the registered manager. We also met briefly with the provider's director of operations, the director of quality and the assistant regional director. Prior to the inspection we contacted representatives of the placing local authority and healthcare professionals to seek their views. No concerns were brought to our attention.

We reviewed the care plans and associated records for three people, including their risk assessments and

reviews, and related this to the care we observed. We examined a sample of other records to do with the home's operation including staff recruitment, supervision and support records, surveys and various monitoring and audit tools.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff. The body language and responses of people who were unable to tell us directly, suggested they felt relaxed and safe with staff and people actively sought out contact with members of staff. Relatives told us people were safe and well cared for. One relative said, "[name] was always safe and very happy too… I have no worries at all." Others said, "[name] is safe, I have no concerns" and "He is in safe hands, no worries at all."

Records showed required safety checks and equipment servicing had taken place, for example of the fire detection system and heating. In-house checks of hot water temperatures took place twice daily and the temperature monitoring valves fitted to each hot water outlet were regularly serviced by the provider's in-house maintenance team. The local authority environmental health department had given the service a five-star food hygiene rating (very good). The most recent fire brigade visit had raised two minor points which had been addressed promptly by the provider.

People were safe because staff were skilled at supporting people's complex needs and managing any day to day conflicts and incidents that arose. Staff worked proactively to reduce the likelihood of incidents and were trained in recognised behaviour management techniques and support. People's funds were safely managed and there were daily checks of finances to ensure they were in order. Four safeguarding events had arisen in the previous 12 months, relating to incidents between the people supported. Staff had intervened appropriately in each case, to manage and defuse the incident and reported them appropriately to the required authorities.

Staff were aware of the signs of potential abuse, understood their responsibilities and knew how to report any concerns. They were clear the provider would take appropriate action, should such a concern be raised. Staff had received training on safeguarding vulnerable adults and knew how to raise a concern outside the organisation if necessary. They referred to the safeguarding reporting flowchart which was posted on the office wall.

People were also safeguarded because staffing levels in the service were based on their needs. Five people were supported one-to-one throughout the day, one of whom lived in a separate flat on site. Regular staffing for the service was a minimum of seven staff on the early shift and eight on the late shift. At night there were either three waking night staff or two waking night staff with one other staff member sleeping in on site, depending on people's needs at the time. The service had access to up to five regular 'bank' staff, employed by the provider to cover for leave, sickness or to meet additional needs, if existing team members could not do so. In order to maximise the consistency and continuity of care provided, external agency staff were not used.

Because of people's changing needs and the needs of those recently admitted, staffing had been significantly increased and the service had experienced some turnover with eight staff leaving in the previous 12 months. However, a core of longer term staff remained to maintain consistency of care and pass on their experience and knowledge to new recruits.

We looked at the recruitment records for four recently recruited staff, which were held in indexed files. The service had a robust system of pre-employment checks and records met regulatory requirements. Copies of references, criminal records checks and evidence confirming identity were on file, together with completed application forms and health questionnaires. Where there were gaps in people's employment history, these were addressed through the completion of a 'gaps in employment' record form.

Appropriate generic and individual risk assessments were completed to address potential risks. They were well-written and identified the steps necessary to minimise the identified risks. Risk assessments were cross-referenced with the relevant care plan. Appropriate records of accidents and incidents were completed and monitored by management.

None of the people supported were able to manage their own medicines. The service had a very robust system to do this on their behalf. Each person had a detailed medicines profile identifying their regular medicines, the reason for each and any possible side effects. Each person's preferred method for taking the medicine was recorded and each had guidelines for PRN (when required) medicines. These identified the various actions staff should take before administering the medicine, to ensure it was appropriate. Where medicines were prescribed to support people to manage their anxiety, the guidelines included details about possible anxiety triggers and the proactive strategies staff should follow before seeking shift leader approval to administer them.

Most medicines were provided in a monitored dosage system, prepared by the supplying pharmacist and stored in locked cabinets in a designated medicines room. The temperature within medicines cabinets was monitored three times a day and where necessary, bottles containing ice were placed in the cabinet to lower the temperature. Two staff signed for each item administered. Senior care staff carried out all administration and either another senior or a trained care staff could countersign as witness on a second record sheet. Medicines stock checks took place daily and records were well kept, providing a thorough audit trail. Any non-prescribed, 'homely remedies', which might be provided by family, were individually approved by the GP. Body charts were used to clearly indicate by highlighting, where prescribed creams should be applied.

Two medicines errors had been made in the previous 12 months. These were investigated to identify any contributory factors. The staff responsible were retrained and had their medicines competency reassessed. The provider required staff to view a training DVD and complete a written questionnaire as part of reassessing their competence.

Staff told us there were few instances where people declined to take their medicines and they usually agreed when staff asked again after a few minutes. In the event of continued refusal staff said the advice of the GP would be sought and the refusal recorded.

Staff were provided with training, detailed information and protective equipment to support effective infection control practice. Monthly infection control checks took place and were recorded, together with an action plan and details of the action taken to address identified issues.

The provider had a detailed contingency plan for foreseeable disruptions to the continuity of the service. This included contact details for interruptions to services and the address of a suitable location should evacuation be necessary.

Good

Is the service effective?

Our findings

People said they got on well with and liked the staff. Relatives were extremely positive about the skills and approach of staff. One said, "They are all brilliant with [name], they support people extremely well." Another commented, "They know what they are doing, [name] is in the right place." The service was described as, "Brilliant" and a relative said "I have nothing but praise for them."

The support provided by staff at Parkview was proactive and very much person-centred. Staff knew people very well and were familiar with their body language and behaviours. They quickly identified where individuals were becoming anxious or agitated and intervened proactively to divert them and help them become involved in something they enjoyed. Staff always responded calmly and in a relaxed way, which also helped people to maintain a positive frame of mind. Reassurance was offered readily and repeated patiently, when necessary and relationships between people and staff were clearly very positive.

To help ensure they understood how to keep themselves safe and were encouraged to raise any concerns, four people had been supported to attend 'Keeping me safe from abuse', training. People were effectively kept safe because the provider had taken appropriate action where the performance of staff members had fallen short of expectations.

The service had worked hard to ensure things which had a negative impact on individual's wellbeing had been identified and addressed. For example, an air conditioning unit had been installed in one person's bedroom. This had led to a significant improvement in the person's quality of life and a reduction in incidents, previously triggered by their extreme sensitivity to hot weather.

The service had managed a number of major health diagnoses, very well, and had liaised effectively with specialist healthcare colleagues to ensure people's day-to-day needs continued to be met alongside their health needs. When people were hospitalised, even over extended periods, the service had provided familiar staff to remain with and support them in hospital 24 hours per day.

People had received excellent support with a range of serious and complex health issues. A relative described the service as, "…excellent, health-wise and compassionate". Relatives praised the support people received around their physical and mental health needs. The registered manager described examples where the alertness and knowledge staff had led to early diagnosis of serious health conditions. For example, staff had noted potential health concerns relating to two people and proactively sought exploratory tests, following appropriate best interests discussions.

For both people the tests identified the potential need for major surgery. Staff used 'social stories', a visual technique, to help explain what would be happening to them during their hospital visits. The service advocated vigorously to ensure people's rights were upheld and the option of surgery was properly considered within a best interests context. Staff supported the person consistently throughout the process from early discussions and diagnosis, through to their hospital stay and subsequent aftercare. Another person, whose health had significantly deteriorated, was successfully supported through the process of

transplant surgery and subsequent aftercare, with special attention to the risks of infection following the transplant. Both people continued to enjoy a good quality active life with the support of the staff. The service had worked very effectively alongside the hospital's 'learning disability liaison nurse' to ensure people's individual needs continued to be met when they attended hospital. The service had also sought support and advice from the district nursing service with regard to post-operative care following people's surgery.

Advice was obtained from healthcare professionals when necessary, including a dietitian. Two people were supported effectively to manage their diabetes through appropriate diet and medicine. Care plans contained guidance for staff on supporting the person with their diabetes. Where people were at risk of seizures, detailed guidance was on file in an epilepsy care plan. This included the type of seizure(s), how these could be identified and the action staff should take. Appropriate night-time seizure monitoring was in place where this was assessed as necessary.

One person, who found it hard to share accommodation with others, had been provided with a separate flat with 24 hour, 1:1 staff support to improve the quality of their daily life and help them remain calm. The intensive support provided by staff alongside the accommodation changes had resulted in positive improvements in behaviour. The significant reduction in the number of incidents showed this had been very effective. For example, protective equipment, assessed and provided for staff as part of the person's behaviour support plan, had not needed to be used for at least the last 12 months.

The people supported were all able to make their feelings and wishes known. Their files contained detailed information about each person's methods of communication and how they expressed their emotions. Staff actively promoted people's involvement in decision-making about their lives. Their communication was supported in various ways, including verbal encouragement, the use of photographs and magazines and specialist tools such as Makaton, social stories and objects of reference.

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.

Wherever possible people were involved in discussions about their care and in making day to day decisions and choices with support from staff. Most people had the capacity to make day to day decisions, but would not have the capacity to make more complex decisions such as those relating to their healthcare needs. Where such health-related decisions had arisen, appropriate capacity assessments had been completed and best interest processes carried out. A number of best interest decisions had been made. For example in respect of the use of monitoring device for night-time seizures and the need for major health interventions.

Staff told us the lack of independent advocates (IMCA's) and local authority authorising staff could delay decision-making. Therefore, best interest decisions were sometimes made without them, involving the remaining appropriate parties, in the person's best interests. This had included close relatives, care managers and healthcare specialists, together with representatives of the service.

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 Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty

were being met. The service was compliant with the legislation and had made applications to the local authority in each case where the person's freedom was in some way being restricted, for example due to the locked garden gates. The steps take were proportionate, minimally restrictive and were in people's best interests. People were supported very regularly to go out in the community when they wished. Local authorities had yet to respond to the latest DoLS applications but in the meantime, the reasons for any restrictions had been clearly documented and discussed with the local authority.

Where people sometimes required staff support with managing their behaviour, very detailed individual behaviour support plans were devised and reviewed with the help of the in-house psychologist. The psychologist also monitored incident reports to oversee the effectiveness of the current strategies as part of their ongoing review. Staff were all trained in a nationally recognised behaviour support system. They received regular training updates as well as practicing interventions as part of weekend handover meetings. One of the deputy managers was a qualified trainer in the support system, so was able to observe how staff used the techniques and offer advice and training in a timely way.

The service employed a cook to prepare main meals to free care staff up to provide the care support required. However, people were encouraged and supported to prepare or help prepare their own breakfasts, snacks and drinks as much as possible and people had taken part in additional food-related activities such as baking. Detailed risk assessments were in place where people were at risk of choking. Support and advice had been sought from the speech and language therapy (SALT) team and staff had clear written guidelines on supporting some people with eating.

The premises had been extended and adapted in order to better meet people's needs. The bedrooms were individualised to reflect people's individual interests and personalities. Where people could not tolerate a lot of furnishings or other items, their bedrooms still remained pleasantly decorated and homely. Two people in the main house had ensuite shower/toilets and the person in the separate flat had their own facilities. Others shared access to three communal facilities.

People had a choice of various communal areas and could spend time with others or away from them. This provided space for activities whilst people had alternative places they could use if they did not want to join in. The secure garden, meant people could use it freely, with whatever level of staff support they needed. We saw people used this well, during the inspection. One person had their lunch outside in a tent with a staff member supporting them. At different times others walked or cycled around the garden. Seating and tables were provided to encourage use of the garden. A day-care room provided a large space for onsite art and craft activities, within which a sensory room was in the process of being created. The service had received the provider's in-house award for the most fulfilling day-care programme. The space was also used for staff meetings and handovers, to avoid the anxiety people could be caused when larger than usual numbers of staff were in the house at these times.

The training matrix listed the date training was provided to staff and was colour coded to identify when updates were due. Records showed the provider had a wide ranging programme of staff training including DVDs, face to face training and distance learning. The programme covered the required core areas as well as specialist areas relevant to specific people. The records showed staff training was being delivered on a rolling programme. Longer term staff had attended the required core training for their role, although not all staff had updated this within the provider's own required time periods. These issues had been identified in the internal inspection report in November 2015, the follow up inspection in January 2016 and the management monitoring report in August 2016. Recent staff turnover and an increase in the staff compliment for the service had impacted on training attendance figures. Records of staff booked on upcoming training courses, addressed the shortfall partially, but not completely and additional training was

still required to address the shortfall.

The service used five regular in-house bank staff to cover rota gaps where existing staff could not do so. Bank staff training was not as up to date as for the permanent staff, which could mean their knowledge and skills were not sufficiently current.

New staff received an induction based on the national Care Certificate to equip them with the necessary skills and knowledge. Due to increased staff numbers and staff turnover, there were significant numbers of newer employees as well as a core of longer term staff. Six staff had completed their Care Certificate induction and a further five were currently doing this. Care Certificate competency assessments for medicines management and infection control were completed by senior staff. None of the people supported required moving and handling assistance, so staff training in this area was focused on the moving and handling of objects, rather than supporting people. Competency and understanding was also tested through the completion of question booklets as part of externally marked 'distance-learning' courses.

The provider offered various positive programmes to promote staff development and progression. This included a 'fast-track' management development programme, which one team member was currently pursuing, through one day per month attendance at head office. Other staff in the team had previously benefitted from the provider's development schemes and attained promotions.

The provider's target was to provide established staff with six supervisions per year and an annual performance appraisal. New staff received weekly supervision for the first six weeks. The large number of new staff employed in the last year and the increase in the number of people requiring one-to-one care support, had impacted on the achievement of supervision targets. Although the supervision target was not met, staff received regular supervision and could request specific meetings if they wished.

Staff felt they had received a good induction and training and were well supported by the management team. They described how they shadowed more experienced colleagues then were, themselves observed providing care and support. Staff felt their team colleagues were very supportive and that there was a good team spirit. Managers were said to be always available and supportive and we were told the out-of-hours on-call system was effective.

Good

Is the service caring?

Our findings

People felt well cared for and that staff treated them with kindness. Relatives also praised the caring approach of staff. One said, "[name] is involved as much as they are able, and treated with dignity". Another said people's treatment was, "…very dignified, they let [name] have choices when appropriate" and explained that at times staff had to make decisions on the person's behalf, when they were not able to cope with choice.

Staff treated people with respect and dignity and communicated with them using appropriate language. We saw very positive relationships between people and staff and it was evident people readily sought out contact with staff members. Staff spoke knowledgeably about people's likes, dislikes and needs. We saw they put people's needs first in the course of their work.

People were given as much freedom within the service as was appropriate, based on individual needs. Where one to one support was necessary, this was provided as unobtrusively as possible. Individual dignity was maximised. For example by leaving a person in the toilet and waiting outside the closed door, where they could manage without direct support. When supporting people with daily tasks, support was provided so as to encourage the person's involvement as much as possible, based on individual abilities and risk assessments.

People's dignity was also enhanced by the provision of bedroom blinds built into the windows. For those people who would have taken down regular curtains or blinds, their dignity could be maintained. One person was provided with clothes specifically designed to support their dignity, after appropriate best interest discussions.

Staff were given training on dignity and values every three years to maintain their awareness of these issues. The service had signed up to the local authority Dignity in Care Charter, to promote people's dignity in care. A poster about enhancing people's dignity was posted on the office wall for quick reference by staff. Staff spoke clearly about maintaining people's dignity in the course of their work and their approach demonstrated they understood how to do so and they prompted each other about this. One example was a staff member's description of how they involved a person in choosing their clothes, depending on the degree of choice they were able to manage.

Staff used a wide range of communication methods to support people to communicate their wishes and maintain positive involvement in their daily lives. They were familiar with how each person communicated and might show they were anxious or upset. Staff intervened proactively when people displayed anxiety and helped them remain focused on positive activities. Staff understood when people required clear explanations to help them manage their anticipation of upcoming events and offered appropriate reassurance to support them with this.

Files identified people's cultural origins and interests and how they should be celebrated, as well as their individual likes and preferences. The visiting music therapist was also aware of people's heritage and sang a

song in Spanish, which one person immediately recognised and responded to positively. Another example was the provision of a St Patrick's Day party to celebrate another person's Irish heritage. The staff and files identified no current spiritual needs. This was confirmed by management, who said they would be provided for if identified and had been in the past.

Good

Is the service responsive?

Our findings

Relatives felt the service involved them appropriately in decision making and kept them informed about people's progress and wellbeing. One relative told us, "They always ring me and keep me up to date." Another relative praised the way staff responded to their family member's changing needs and said, "they are good at gauging [name's] mood and responded accordingly." Relatives told us they were always told about reviews and involved if appropriate, and felt listened to by the service. Relatives were also very happy with regard to the level of activities and community access. One told us their family member had a. "…full diary of activities, days out and holidays" and another said people were, "…always out and about."

The service had taken positive steps to respond to people's needs, for example through the installation of air conditioning in one person's bedroom and the use of self-contained blinds in bedroom windows. The garden had been adapted to ensure people could have as much freedom as possible within. One person was registered blind but knew their way around the building well with support from staff to maintain his environment as consistent as possible, without undue impact on others. They had a ground floor room with ensuite bathing facilities to minimise the distances they had to travel. Story tapes and other sensory equipment and techniques were used to enhance their day to day experience.

People received an individualised and very responsive service from staff, according to their needs. Communication within the staff team was very effective with detailed written records maintained of significant information, thorough verbal handovers and relevant checks between shifts. Staff responded to people's current mood and wishes and adapted their support accordingly. For example, one person chose to have their lunch in the garden and was supported to do so by the staff member working with them. Staff were very attentive to people but support was provided in a relaxed and unobtrusive way. People were supported to make day-to-day choices and decisions and encouraged to drink plenty of fluids on the very hot day of the inspection.

People's care plans were detailed and individualised and people had been consulted about their content using pictures and other tools to seek their views and enable them to make choices such as between a bath or shower. Care plans were supported by other relevant documents, including risk assessments and behaviour support plans. Documents identified people's consent or discussion with relevant representatives. Where best interest decisions had been made, these were documented. Files described clearly how individuals communicated their emotions and how any healthcare needs should be supported. The service had consulted and worked with external specialist healthcare staff and sought advice when necessary. The service held regular reviews of people's needs, using photographs to help involve people in the process.

People had access to various activities within the service and the local community. Where people were able, they accessed the community regularly and had holidays away with staff or stays with family. The service had built a day-care outbuilding to provide space away from the main house for art and craft activities and part of the building was being developed into a sensory room.

Cultural events were celebrated which were relevant to people. Other events were held which were relevant to people's life experience, for example a fundraiser for cancer research. One off events such as a 30th anniversary garden party and a, 'foods from around the world', party, had taken place. During the Olympics people had carried a replica Olympic torch between the provider's services to introduce people to those in other services. An internal five a side tournament, a gardening competition and a talent show had also been held, which six people had attended. Three people were part of an in house pen-pal scheme (Smile scheme) between services. These events promoted people's contacts outside their immediate service and increased their circle of potential friends. One person was also on the provider's service user committee which met quarterly to discuss the provider's services.

External activities included drama sessions based at another local provider and working on the service's nearby allotment where a range of produce was grown for use in the kitchen. People visited local cafes, parks and places of interest and went on walks with staff. Collections of photos were maintained of people enjoying holidays and activities and these were used to reminisce with individuals as well as to identify their future wishes for activities.

Within the house regular music therapy sessions were provided by a skilled external practitioner. We observed part of one of the sessions and the therapist clearly knew the people well, by name and also tailored his material to meet their interests and cultural origins. The session was very well supported by staff, with several people being supported one to one to take part. People were free to come and go to the session as they wished. Sensory support was provided through hand massage which some people found helped them to relax.

The service had an easy-read complaints format but the previously posted copy had been torn and taken down. A new covered notice board was awaited to enable it to be displayed again. Staff knew how people would display any concerns or anxieties, either verbally or through expressions or behaviours. Staff understood their advocacy role where a person was unable to voice their concern themselves. One complaint had been raised in the previous 12 months, in relation to the wording of a care planning document. The wording had since been amended to address this.

The service had also received a number of positive compliments from visitors, family members, external professionals and a member of the public.

Good

Is the service well-led?

Our findings

Relatives told us they were very happy with the way the service was run and felt their views about the service were sought and acted upon by the registered manager. One relative said' "I have my say through the survey, yes", and others observed that they could contact the registered manager at any time to discuss anything they might have concerns about. The registered manager was variously described as, "…dedicated", "…very good" and "…absolutely brilliant". Relatives said she was, "…onto things immediately" and "…she checks things out, she is a wonderful manager".

We found the service had a very open and welcoming culture. Through such things as delegating responsibilities, the registered manager had encouraged the development of staff to enable them to carry out their role with a high degree of competence and confidence. In the registered manager's absence on the first day of this inspection, the two deputy managers supported the inspection very effectively and provided all of the information requested. All staff worked consistently well and appropriately prioritised the wellbeing of the people supported, whilst facilitating the inspection. This meant people experienced very little disturbance of their daily routines and accepted the inspection process without evidence of significant anxiety.

The registered manager provided visible and accessible leadership of the service. She and the other management team members regularly worked alongside staff so she was aware of any issues or changes in people's needs. This provided managers with regular opportunities to observe staff in the course of providing support to people, to ensure care practice was appropriate. The registered manager continually worked to develop the service in consultation with people, relatives and staff. The deputy managers told us the management team knew the strengths of staff and used these effectively, encouraging people to develop areas of particular skills or interests. For example, through matching people with specific interests to staff who shared these, to maximise the benefits people would gain from the activity.

The staff spoke about and demonstrated a comprehensive awareness of their responsibilities and were confident they had the full support of the management team. The observed relationships between staff and management were very positive and it was very evident from their expressions and attitudes that staff enjoyed their work. Staff had written guidance available from the staff handbook as well as from the provider's comprehensive policies and procedures to support them in their work.

Team meetings took place regularly most months and staff could bring their own issues for discussion during the meetings. The minutes indicated a wide range of appropriate discussions, reminders about care practice and regular review of people's needs. Monthly meetings also took place with people in the service to obtain their views and plan such things as activities and holidays, using brochures, photographs and pictures to help people choose what they wanted to do. Keyworkers also met monthly with individuals to pursue their individual goals and wishes so they could advocate for these on their behalf.

People all related very positively to the registered manager and several actively sought her out on return from her holiday and spent time with her looking at photos of their events and holidays. The registered

manager had won the provider's internal leadership award in 2015.

Staff clearly understood the high expectations upon them with regard to care practice and said that team spirit and teamwork were very good. They felt the service was continually developing and said management and staff looked to continually improve people's experiences. Staff said they were confident to challenge each other to maintain high standards.

The provider and management team had effective audit systems in place to monitor the operation of the service and to focus on its ongoing development as well as maintaining standards. A service development plan was in place, informed by the finding from monitoring systems as well as the provider's goals. Monitoring systems and daily walk-arounds checked a wide range of aspects including care practice, décor, repairs, health and safety, medicines and hygiene. All observations and checks were recorded to evidence the process and enable actions to be tracked. The content of care records was regularly audited to ensure the required records were present and kept up to date. Action plans assigned any remedial action necessary and were signed off on completion.

In addition to weekly audits by the registered manager, external management carried out monthly visits and an area director carried out annual inspections. The last annual audit took place in November 2015 and rated the service 91%. The follow-up visit after actions were addressed gave the service a 100% rating. The provider had a system of 'expert auditors', who were people from the provider's other services who carried out periodic monitoring visits to look at things from the point of view of the people supported. The most recent report we saw was from April 2015.

Monitoring systems all provided action plans to address any identified issues and these were followed up in the next report. The format of monthly monitoring reports had recently changed to become more focused on setting goals, to further develop the service, with any actions clearly identified and later reviewed.

A survey of the views of people, relatives, staff and local authority care managers was undertaken earlier in 2016.The overall results were still being collated but the results would be fed back to people and used to inform the annual development plan. The outline information provided suggested a high degree of satisfaction from people, relatives and staff about the service. No responses had been received from local authority care managers. Staff commented frequently about feeling well supported and about the openness of the management team. Their feedback which matched our inspection observations, suggested they very much put people first. Two issues raised by staff had already been reviewed and action taken to address them.