Stephen Petts

Cream Residential Care

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on the 20 and 21 September 2016 and was unannounced. It was carried out by one adult social care inspector.

Cream Residential Care consists of two units. The main house accommodates ten people and The Lodge accommodates seven people. The home specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. The home has a range of aids and adaptations in place to assist people who have mobility difficulties. All bedrooms are for single occupancy. The home is located in extensive grounds with two of the provider's other homes. Each home can access the on-site sensory room and hydro pool.

At the time of our inspection there were ten people living in the main house and seven people living at The Lodge. The people we met with had very complex physical and learning disabilities and not all were able to communicate with us. We therefore used our observations of care and our discussions with staff, relatives and professionals to help form our judgements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management of the home promoted an open and positive culture and there was a commitment to continually striving to improve the quality of the service people received. The provider and team of staff had achieved many recognised awards for their commitment to care and of the quality of the service provided. Comments from a recent satisfaction survey had been very positive. A relative commented "Wonderful staff and a very high standard of care." A health care professional said "I placed a patient here because I have been so impressed with the care offered."

Staff morale was very good and there was a very happy and relaxed atmosphere in the home. People looked comfortable with their peers and with the staff who supported them. Throughout our visit we saw people seeking out staff, making physical contact and laughing and smiling. In a recent satisfactory survey, people's families and friends described the service as "outstandingly caring." Comments included "We would like to thank the staff and management for all their hard work, love and care. Thank you very much." And [Person's name] social worker reports the home "is the only home they have ever visited that really felt like home – outstanding."

People lived in an environment where there was a strong commitment to enabling them to live fulfilling lives. The service used innovative and creative ways to enable people to make decisions. One member of staff said "It gives me so much joy if I can do something to make the guys [people who lived at the home] happy. If I can do one thing however little, that means everything. I go home happy knowing they are happy.

They are amazing people." A visitor told us "All the staff here are wonderful. They care about me too. We're all friends. They are so, so kind."

Staff were very skilled at communicating with people, especially where people were unable to communicate verbally. The service was using and exploring innovative ways to assist people to express their views and enhance their ability to communicate. The provider employed an assistive technology development manager who provided support and training to staff and people who lived at the home.

People received very good healthcare. There were champions within the service who actively supported and trained staff to deliver a high standard of care which meant people experienced a sense of well-being and could live their lives to the full. There was a culture of positive risk taking and of empowering and involving people whatever their disability. One example was the person centred approach to the management and administration of people's medicines. Another example was the innovative systems in place to help people to communicate and enable staff to have a greater understanding of what a person may be thinking or feeling.

People were supported to follow their interests and be involved in community projects. The service used creative ways to enable people to do the things they wanted to do. For example the service were exploring a "driving experience" for an individual who love fast cars. Although met with many obstacles, they continued to find ways to make this possible as they knew how much it would mean to the individual.

Staff were very knowledgeable about how to ensure people's legal and human rights were protected. There was a person centred approach to supporting people to make decisions about their day to day lives. For example offering a limited number of choices to not overwhelm the person or visually showing people choices.

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 protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

There were sufficient numbers of suitable staff to keep people safe and meet their individual needs.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Outstanding ☆

The service was very effective

People were supported by staff who were valued and trained to a very high standard.

People were supported and enabled to have effective care which included very good health care, which led to an outstanding quality of life.

People's legal and human rights were protected. Staff used innovative ways to support people to make decisions.

Is the service caring?

Outstanding ☆

The service was very caring.

People were cared for by staff who were exceptionally kind, caring and compassionate.

People were supported by staff who were matched to their personalities and interests and who took time to get to know them well.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received care and support which was planned proactively and in partnership with them.

People were supported to follow their interests, take part in social activities and enjoyed holidays. The service used innovative ways to ensure people lived fulfilling lives.

Staff supported people to maintain contact with the important people in their lives.

Is the service well-led?

Outstanding ☆

The service was very well-led.

People benefitted from a service which promoted an open and positive culture and which was committed to empowering people whatever their disability.

People were supported by a team of staff who received excellent support and opportunities to further develop their skills and knowledge.

There were quality assurance systems which demonstrated a strong commitment to continuous improvement.

Cream Residential Care

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.

This inspection took place on 21 and 22 September and was unannounced. It was carried out by an adult social care 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 in the PIR before the inspection visit and we also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At our last inspection of the service in February 2014 we did not identify any concerns with the care provided to people.

At the time of this inspection there were ten people living in the main house and seven people living in The Lodge. The people we met with had very complex physical and learning disabilities and not all were able to communicate with us. We therefore used our observations of care and our discussions with staff to help form our judgements. During the inspection we met with eight members of staff and a visitor. We also asked health and social care professionals for their views on the quality of the service provided.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

The majority of the people who lived at the home were unable to express their views verbally however everyone looked relaxed and comfortable with the staff who supported them. One person responded "Yes; very" when we asked them if they felt safe living at the home. A visitor told us "[Name of person] couldn't be safer." In a recent survey people's family and friends felt the home was 'outstanding' in relation to safety. One relative commented "The safest place [person's name] has ever been. As good as their [relative] would have provided which is a very high standard indeed."

People were enabled to live a full and meaningful life because the service had a culture of positive risk taking and clear risk management. The service used innovative and imaginative ways to manage risks and keep people safe. This enabled people to participate in activities which may not otherwise have been considered. Activities included bike riding, pony and carriage riding, sailing, horse riding and trampolining. We were told about one person who loved fast cars. The staff team had been exploring driving experiences for this person and although faced with many challenges, this continued to be pursued.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely and take part in activities with minimum risk to themselves and others. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. These included risks relating to personal care, management of health conditions, mobility, medicine management and accessing the community. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk. The risk assessment informed staff what people were able to do for themselves and the specific support they required from staff.

Staffing levels were determined by the needs, including social needs of the people who lived at the home. Some people required one to one staffing to meet their needs and to help keep them safe. Daily allocation sheets clearly set out which staff were responsible for supporting each person and we saw that people received the support they needed. Staff told us staffing levels were "good." One member of staff said "It's a great place to work. We always have the staff we need which means we can do so much with the guys [people who lived at the home]." The registered manager told us staffing levels were flexible and were increased where required. For example many people enjoyed attending an evening disco in the community so additional staff were on duty to enable people to attend.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. MAR charts contained clear details of how people liked to take their medicines. Records showed people's prescribed medicines had been regularly reviewed by health care professionals to ensure they remained appropriate and effective.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable

adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. Where allegations or concerns had been bought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Environmental risk assessments were undertaken to identify risks to people or staff by hazards inside or outside the home. To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks. The home had a designated maintenance person who ensured that the environment was safe and maintained to a high standard. The maintenance person worked full time Monday to Friday and there was an on-call system to cover out of hours and weekends.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call management system which meant they were able to obtain extra support to help manage emergencies.

Outstanding ☆

Is the service effective?

Our findings

The service provided care to people with complex and often challenging needs. To ensure people's needs were met in an effective manner, the service was committed to training their staff to a specialised level. The service also employed a training manager and a physiotherapist to support this. The Care Certificate had recently been introduced as part of the induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. We met with a member of staff who had recently started working at the home. They told us "It's really good. This week I am spending time just getting to know everyone."

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home such as autism awareness, epilepsy and the management of percutaneous endoscopic gastrostomy (PEG). Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. Staff told us they were never asked to carry out a task until they received training and felt confident. One member of staff said "The training and support is brilliant. After I completed the epilepsy training I didn't feel totally confident so they arranged for me to attend the training again. That really helped me."

To help people live safely but effectively, the service ensured staff followed current and best practices. For example, some people exhibited behaviours which may on occasions place themselves, staff and other people who lived at the home at risk of harm. Staff had received training and assessments of their competency in the Management of Actual and Potential Aggression (MAPA). MAPA training provided staff with the skills to safely manage potential or actual situations through de-escalation techniques and disengagement techniques. The provider's support manager was a certified MAPA trainer who provided face to face training to the staff team. This meant people's behaviours were better managed and staff and people felt safe.

People were supported to maintain good health, wellbeing and good partnership working. For example, to help support other agencies who might get involved in people's care, understand people's needs, each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans also showed that people had received annual health checks by their GP and had access to other healthcare professionals including specialist epilepsy nurses, speech and language therapists, opticians and dentists. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

The people who lived in The Lodge had very complex needs and required a range of specialist mobility equipment. The provider employed a physiotherapist who was based at the home once a week. They provided staff with training and support in meeting people's physical needs and the use of their mobility aids. One member of staff was assigned to be the lead person on physiotherapy. They were the point of contact with the physiotherapist and part of their role was to regularly meet with the physiotherapist to discuss what was working and what was not working for each person and were also involved in staff

training. Eight people who lived at the home had specialist physiotherapy plans which were detailed and personalised. For example care plans contained photographs showing how each person should be supported with their physiotherapy such as correct positioning, stretches and exercises. Staff were confident and competent when assisting people. People were regularly supported to change position and have time out of their wheelchairs.

Part of people's physiotherapy programme included hydrotherapy. The home had dedicated time in the on-site hydrotherapy pool four days a week. The organisation had a trained life guard who worked 40 hours a week in the pool and also provided support in the implementation of the physiotherapy care plans.

There were ways in which people were supported to experience a sense of ownership and control of their home. For example, information sent to us after the inspection told us "The residents who are able to verbalise enjoy pointing out tasks that need to be done such as the changing of light bulbs. Since the maintenance is always done by the same person, they know who to expect and what they are there to do. Previously, there were four maintenance men. The residents now know who is coming in to fix things. There is a great sense of banter. The residents will tell him that "it needs to be done today". This has helped people gain more of a sense of ownership of the home"

The home was decorated and furnished to a high standard. The layout and design of the home was based around the needs of the people they supported. For example, following an increase in one person's anxiety and intolerance of noise, the service re-purposed a lounge to provide the person with their own quiet space which, we were informed, had resulted in a positive outcome for the individual. The office had been reconfigured to provide an additional lounge area with kitchenette for people to use. Some people liked to spend time with staff when they were in the office. This additional lounge meant people could spend time relaxing and making drinks whilst being close to staff. Each bedroom had en-suite bathing facilities and overhead tracking was fitted throughout to assist people who were unable to mobilise independently.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. Some people had been assessed with dysphagia. This meant they had difficulty swallowing and/or were at risk of choking. To ensure people received effective care and support the provider employed the services of a Speech and Language Therapist (SLT) who provided staff with person centred dysphagia training. They have also worked with the registered manager and staff team reviewing each person's needs and devising care plans to meet people's needs.

The home employed a cook who had an excellent knowledge and understanding of the needs and preferences of the people who lived there. In addition to food hygiene training, the cook had also undertaken training in dysphagia and diet and nutrition (this was in conjunction with the University of Aberdeen). The home's kitchen had achieved the highest hygiene rating of 5 stars by the Environmental Health Department. Following the inspection we were provided with information which told us "The Training and Development Manager has spent time with the cook devising a person centred approach to cooking. In these sessions they have explored dysphagia and the importance of meal time experiences and how developing this time of day can have a significant impact on the enjoyment of the food for each individual. Setting the ambiance of meal times does affect the enjoyment of food and adds for a much more pleasurable experience. The Home regularly supports meal times at restaurants, recognising that this is an essential social experience for eating and drinking."

The cook had up to date information about each person's needs, abilities, risks and preferences which was kept in a file in the kitchen. They told us menus were based on people's preferences and feedback. For example people had regular meetings where their views and ideas about the meals were encouraged.

People regularly completed food evaluation forms which used smiley or sad faces for people to tick indicating whether they enjoyed the meal or not.

The registered manager, provider and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). Staff had been trained to understand and use these in practice. The 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 spoke confidently about how they involved the people they supported to make decisions. For example, offering a limited number of choices to not overwhelm the person or visually showing people choices.

We were informed that the home had started to change its practice with regard to the management and administration of people's medicines when they looked at mental capacity assessments. As part of the process of exploring people's capacity they found that with the right support and information, people were able to develop more skills than had been previously thought, leading to increased empowerment for people and developing their independence. Three people were being supported to develop an understanding of their medicines and to maintain a level of independence and control over the management and administration of their medicines. There were plans to complete this for every person who lived at the home.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

Outstanding ☆

Is the service caring?

Our findings

Relatives and friends spoke of the service in extremely positive terms. In a recent satisfactory survey, people's families and friends described the service as "outstandingly caring." Comments included "We would like to thank the staff and management for all their hard work, love and care. Thank you very much." And [Person's name] social worker reports the home "is the only home they have ever visited that really felt like home – outstanding."

People looked comfortable and relaxed with the staff who supported them. Throughout our visit we saw people seeking out staff, making physical contact and laughing and smiling. Staff interacted well with people and there was friendly chatter and good natured banter between people and the staff working with them. A visitor told us "All the staff here are wonderful. They care about me too. We're all friends. They are so, so kind."

The service considered the needs and preferences of people before staff were offered employment. Information received from the provider following the inspection told us "The provider is very careful and considered in regard to recruitment. Staff are recruited for Cream as a whole and then assigned to homes that require their particular skills or characteristics. At this service, it is important that staff are both flexible and also very calm. This is because the people living in the main house are more physically able and tend to display more anxieties and behaviours that challenge. By contrast, people living in the Lodge section of the service need for things to be done slowly and quietly. The staff must therefore be able to adapt between working in the two parts of the service."

Staff spoke with great affection when they told us about the people they supported. One member of staff said "It gives me so much joy if I can do something to make the guys [people who lived at the home] happy. If I can do one thing however little, that means everything. I go home happy knowing they are happy. They are amazing people." Another member of staff said "This is an excellent home. I love it here. The people we support are just amazing. There's always such a lovely happy atmosphere in the house." A health care professional told us "I have always witnessed a high standard of care delivered with carers demonstrating respect and dignity for the people they look after."

People were involved in deciding how and when they received care and support. Although people were not always able to verbalise their choices staff knew people well and knew how they indicated what they liked and didn't like. Staff were able to explain to us how people expressed their day to day wishes. They told us what certain people may do to indicate that they wished to get up or go to bed and how they made choices. For example staff told us how one person led them to what they wanted. Another person pointed at pictures or objects of reference to indicate what they wanted. We observed one person relaxing and watching their favourite programme on their tablet computer. They were banging their foot on the sofa which, staff told us, meant they were happy. Another person put their shoes on which indicated they wanted to go for a walk. A member of staff immediately responded and supported the person to walk around the grounds.

Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring

but were keen not to disempower people. A member of staff told us how they supported one person to do their laundry. They explained the person carried their laundry basket to the laundry and placed it in the washing machine. Another person liked to help in the kitchen and enjoyed opening tins. We observed this during our visit. When we arrived at the home we were greeted by a person who lived at the home. They checked our identification and asked us to sign in the visitor's book. Staff told us the person also liked to greet the postman and sort out the post. We observed this during our visit and it was apparent that this meant a great deal to them.

Staff respected people's right to privacy. Each person had their own bedroom which they could access whenever they wanted to. We saw this to be the case on the day we visited. Bedrooms had en-suite facilities which meant people could be supported with their personal care needs in the privacy of their own room. Bedrooms had been decorated and furnished in accordance with people's tastes and preferences.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in an affectionate and respectful way.

People were able to have visitors at any time and staff supported people to keep in touch with friends and family. Some people kept in touch by telephone or skype and some people went to stay with family members. There was an expectation that staff would also look after people's families. For example, one person's relative referred to the staff as their "family." They spent Christmas at the home and visited for weekends. The provider had a house nearby for the sole use of people's families or friends. The provider does not charge for this provision. When staff supported the person to visit their relative at home, they ensured they had sufficient provisions and regularly took them out for meals. Staff fostered the relationship between the person and their relative to ensure they remained close even though the relative was no longer able to care for the person themselves. Another person was supported to regularly visit a family member's grave which meant a great deal to them.

The registered manager told us how they had arranged for a "buddy" to visit one person who lived at the home. This was originally arranged to support the person to build on their love of technology and to expand their engagement and opportunities based on this. A close relationship developed and the buddy had helped the person to understand concepts like time and was working with them on their interests which included cars and the Beatles. The registered manager told us the buddy visited the person every week and had formed a great friendship with them and shared the same interests. They said "This has meant so much to [person's name] and they really look forward to them visiting." We were also told "The person lights up when the buddy comes into the room. This was not a befriending process per se and goes beyond being a "buddy". Instead, what has started out as an activity has changed into a very supportive relationship for this person and continues to evolve over time."

There was nobody living at the home who was receiving end of life care. However all staff received training in death, dying and bereavement. Following the untimely and sudden death of a person who lived at the home last year, staff were supported by the senior management team and pastoral support was offered by a consultant clinical trainer. The support manager was a trained Samaritan and gave additional support to members of the staff team affected by the death. We were told "Careful attention was paid to the wellbeing of the people who lived at the home and gentle discussion was had in regard to this for those able to engage in this process." The service held a memorial for the person which was a "celebration of their life." A tree was planted in the home's garden along with a plaque and bench to remember the person. We were told "[Name of person's father came and made a touching speech. His partner, who had not been to the home before, sent a lovely note to the staff afterwards saying: "You have set a benchmark to what I want for [person's name]. What an amazing place you have; It was a privilege to experience such a happy home." The memorial

had meant a great deal to the staff, who came in during non-working hours because they wanted to attend.

Outstanding ☆

Is the service responsive?

Our findings

There was a very person centred ethos in the home which meant staff responded to people on an individual basis and worked in accordance with people's wishes. When people indicated they wanted something such as a drink or to do a particular activity staff promptly assisted them. Staff told us there were always enough staff to respond to people's needs or requests.

Each person who lived at the home had an allocated key worker, who was responsible for advocating and championing for the person. Where people were able to express a view, they were supported to choose the member of staff they want to act as their key worker. Where a person was unable to express a view, the management team look for natural relationships which had developed between staff and people who lived at the home. They also considered similar interests and the views of staff and family members. Where a member of staff was inexperienced two key workers are matched with the person so that one can support the other.

Each person had a care and support plan based on their assessed needs. The care plans provided clear guidance for staff on how to support people's individual needs. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express a preference, the staff consulted with their close relatives to gain further information on people's tastes and preferences.

We read the care plan for one person who was able to contribute to the assessment and planning of their care. The care plan detailed the person's' progress against their goals. For example the person was working towards self- administering their prescribed medicines. They had recorded in their review "I can now draw up the medication myself." We met with a person who was keen to show us the progress they had made in relation to the management and administration of their medicines. They told us about how they were able to use a syringe to draw up their liquid medicines and they demonstrated how they took their tablets. They showed us their medication file which contained photographs and information about the medicines and information about how they preferred to take their medicines. The person showed us their medicines and were able to tell us what the medicines were for. They said "This one is for my tummy and this one is to make me happy." We were informed the next step was to purchase a medication cupboard for the person with the goal that they will be able to use the key to access the cupboard and al sign for their medicines.

In addition to regular reviews of people's care plans, each person was involved in a person centred review. Person centred reviews were about what a person's desires and goals were and how the service could help them achieve them. These reviews were driven by the person. They were supported to choose where they wanted their review to take place. This could be the person's family home, a pub or their bedroom. People choose who they want to attend their review and invites are sent to them. The person's key worker puts together photos and records of what the person has done and what they might want to do. The focus was very much on what the person wanted from life rather than what the home believed they needed from life.

The home was starting to introduce various methods to assist people who were unable to communicate verbally. We met with a member of staff who was in the process of completing a communication passport

for a person who lived at the home. They told us the plan was to complete one for every person at the home. The purpose of the communication passport was to provide staff with clear information about people which would help them to understand what was important to the person, how they communicated and how to understand what a person maybe feeling. For example when a person was happy, sad or in pain and how they expressed this such as with facial expressions or vocalisation. On the first day of our visit one person made a sound which staff recognised as the person becoming very anxious. Staff responded very quickly and the person followed staff to a quieter area in the home where staff remained with them until they became settled.
Information received from the provider following our inspection told us "The ultimate goal of the communication passport is better communication, quality of life and independence. If people are better able to communicate, it minimises frustration so as to avoid triggering risk behaviours. They are also designed to help people communicate their needs more effectively so that the service can better meet those needs. Better communication will also help people make and communicate decisions." Information received also told us that staff received extensive training with the home's speech and language therapist. This has included communication passport training, communication and dysphagia and signing."

The registered manager showed us a "touch pad" which they planned to position outside the kitchen. They explained when pressed this will provide an audio message detailing what was for lunch. They also told us the cook was in the process of taking photographs of various meals which will be displayed outside the kitchen to assist people to make choices.

We were invited to observe one person who regularly used the sensory room. The sensory room contained recently developed technology known as the 'magic carpet.' This is an innovative interactive surface projection system that enables people to engage with games, music and images simply by moving on or over the projected surface. The system could be personalised for each person. For example, the person we observed moved their hand over the flowers which were displayed which then revealed a picture of their relative. We were informed 10 people currently interacted with the 'magic carpet' however there were plans to introduce personalised sessions for other people who lived at the home."

There were comprehensive behavioural support plans in place which equipped staff with proactive strategies to support people at times of anxiety and to reduce the risk of behaviours escalating. The support plans were personal to each person and gave information about possible triggers. For example having to wait or when other people who used the service invaded the person's personal space. The behaviour support plan we were shown gave detailed information about how the person responded to a situation and how staff should respond. This meant the person received a consistent approach from staff which would help to reduce further anxiety or distress.

Following an escalation in one person's behaviours which challenged themselves and others, the registered manager liaised with other health care professionals and, eventually a sensory processing specialist who worked with the person and staff to develop a "sensory diet." A sensory diet is a treatment strategy used to manage sensory processing/sensory motor dysfunction. Specifically, it is an individually tailored care program of sensory (sensory-motor) based activities to manage a person's sensory-motor needs and reduce the impact any such dysfunction is having on them. Application of the sensory diet is used both as a treatment strategy as well as a preventative tool of behaviour challenges.

The registered manager showed us a file which contained a range of different activities which had been designed for the person to help them when they were relaxed or were at a "slightly or heightened state of anxiety." We met with the person who was relaxed. We observed a member of staff interacting with the person and offering various activities as set out in the sensory diet for when the person was relaxed. These

included interactive music sessions and throwing a ball. The person remained relaxed and responded positively to the staff who was supporting them.

The arrangements for social activities were innovative and met people's individual needs. For example, we were told about one person with very complex needs who was supported to enjoy one of their favourite activities which could place themselves or others at risk. With careful risk management and with the support of two staff who knew the person very well, they were able to enjoy visits to a large trampoline and soft play centre based in Bristol. This had been very successful and thoroughly enjoyed by the person. The service were exploring a "driving experience" for an individual who love fast cars. Although met with many obstacles, they continued to find ways to make this possible as they knew how much it would mean to the individual.

Two people were supported to access private music therapy sessions which were proving very beneficial to them. Both people are on the autistic spectrum and could display behaviours that challenged. Reports completed by the music therapist demonstrated the sessions had been very beneficial to both people. In one person's report it said "[Person's name] not only benefits from the musical interactions but also from our own personal therapeutic relationship and understanding." An entry in the other person's report said "I use a wide range of songs during the sessions as I'm aware they listen to a wide repertoire outside of the sessions. This continues to help lower their state of arousal during the sessions. It is clear that music therapy enables [person's name] to feel more relaxed and provides them the opportunity to express their feelings and explore their emotions. It is clearly beneficial to them."

People regularly accessed a range of activities both in the home and the wider community. Staff told us they supported people to make choices about what they wanted to do. The registered manager told us that people chose who they wanted to support them with an activity. They showed us a "daily allocation sheet" which provided clear information about planned activities/events and who the person had chosen to support them. These included interactive music sessions, horse riding, crafts, and bowling, ice-skating, sailing and community discos. On the second day of our visit people were enjoying a visit from the 'animal man.' They were a regular visitor to the home and brought with them an array of animals which included rabbits, Guinee pigs, a dog, a pigeon and reptiles People also accessed facilities such as the hydro pool which was on site and utilised by the provider's other homes. People had access to suitable transport to enable them access community facilities regardless of their mobility.

Information sent to us after the inspection told us how some people liked to spend time with the maintenance person. We were informed how much people enjoyed watching and helping the maintenance person. We were told "It has also provided a better chance for the maintenance person to engage with the people living in the home. The residents love watching him and helping him. One person likes to hold the drill (with the drill bit removed) for him. Their relationship with the maintenance man is happy and positive. He has become integral to the home."

The registered manager told us how people had been involved in the 'butterfly project.' This was part of a country wide gardening project which continued throughout the summer. People had looked after caterpillars and had enjoyed watching them change into butterflies. We were shown photographs of people releasing the butterflies and it was apparent this had been thoroughly enjoyed. The registered manager told us "They loved it when we released the butterflies and they landed on their hands and the plants in the garden." People also grew vegetables. They participated in watering, planting, weeding and watching plants progress. We were told "It was a team effort between residents and staff. People enjoyed watching the progress of the plants and the food grown was incorporated into the home's meals after being harvested by the residents."

The registered manager supported people to be involved in community projects. As part of the 'Taunton Live 'community event people were supported to design tee-shirts which were then modelled at a fashion show which people attended. We were told people had very much enjoyed being part of this project.

Staff supported people to go on holiday. A visitor told us "Two staff are taking me and my [relative] on holiday next week. They are so good and we are really looking forward to it." The registered manager told us about another person who had previously enjoyed regular holidays abroad with their family. They explained the person had really enjoyed the holidays so they arranged for staff to accompany the person to France where they enjoyed a holiday with their family.

We were told about one person who had a great love for The Beatles. To celebrate the person's birthday staff researched and booked a two night surprise trip at a Beatles themed hotel in Liverpool. Staff ensured it was wheelchair friendly and made sure the person could access locations where mainstream access was not possible. Staff took the person to eat at a restaurant owned by the Beatles, took a taxi tour which included a trip to The Cavern Club. The trip had been a great success and we were told the person "didn't stop talking about it when they came home."

The home arranged other trips for individuals based on their interests. These included concerts and trips to see the rugby. One person and a member of staff had a season ticket for the Exeter Chiefs, which they attend along with his family. This person also enjoyed theme parks so staff arranged the person's holidays around this.

There were effective policies and procedures in place relating to complaints. These had been produced in an appropriate format for the people who lived at the home. The PIR told us there had been one complaint made in the last twelve months which had been resolved within agreed timescales. There were other ways for people or their relatives/friends to raise concerns. Comment cards were available within the home along with a comments box to maintain anonymity if people wished. For serious concerns which people may want to raise anonymously outside of the home, there are orange concern cards, which have envelopes addressed to the Support Manager. These concerns would be reviewed along with others members of the senior management team, including the provider. We were told "All of the families are also actively encouraged to and feel comfortable phoning the provider directly."

Outstanding ☆

Is the service well-led?

Our findings

From our observations and discussions with a visitor, staff and professionals involved with the home it was clear to see that the registered manager's ethos and vision for the home had been adopted by staff. The registered manager told us "I want the residents here to have a great and happy life, be able to live their life to the full and to be involved in the community." A member of staff said "its great here as we are able to support the guys [people who lived at the home] to do just about whatever they want. We are always out and about." A visitor told us "Couldn't be better. [Person's name] has a fantastic life here." A professional involved with the home said "I have always witnessed a high standard of care and it appears as though people are offered a wide range of activities throughout their week."

The registered manager had achieved a level 5 qualification in health and social care. In addition to this, another senior member of staff had successfully completed a level 4 Institute of Leadership and Management qualification (ILM) and three team leaders were currently working towards level 3 ILM qualifications. In addition to the registered manager and deputy manager, the provider had introduced an additional position of "home leader." In this interim position, care staff who aspire to a management position were provided with training in leadership and management which would prepare them to become deputy managers. This demonstrated the provider's commitment to the training and development of their staff team which helped to ensure the home was well-led.

Last year, the service started a management development programme. Managers, home leaders and team leaders participated. Training sessions were led by members of the provider's management team and consisted of practical workshops. We were provided with a training schedule which showed the following topics were covered; Our inspection process and methodology, the Mental Health Act, governance and registration, The assessment of the care certificate, absence management, risk management and quality assurance, managing investigations, effective supervision and appraisal and The Social Care Commitment.

There was a positive culture within the service where there was an emphasis on empowering and involving people whatever their disability. For example, the service was not risk adverse and it was proactive in enabling people to have control over their lives and to receive care and support which was personal to them. One example was the person centred approach to the management and administration of people's medicines. Another example was the innovative systems in place to help people to communicate and enable staff to have a greater understanding of what a person may be thinking or feeling.

In their completed Provider Information Return (PIR) the registered manager told us "As a manager, I understand the need to be consistent and lead by example and also to be available to support the team and guide them when necessary." Staff morale was very good and staff told us they enjoyed working at the home and were well supported. One member of staff said "I love my job and [name of registered manager] is always about and is really supportive. Another member of staff told us "I get lots of support. I think the manager is brilliant."

Systems were in place to monitor the skills and competency of staff employed by the home. The provider's

training manager was a member of the Care Certificate Consortium (CCC). The provider told us "This has enabled engagement with a network that has the goal of developing and implementing the Care Certificate. The management share ideas in the CCC about effective implementation of the care certificate with a view to going above and beyond the minimum or standard requirements." The training manager had also carried out workshops with senior members of care staff. Staff who were new to care undertake the Care Certificate and staff who were not new to care were screened to check if there are any gaps in their knowledge or understanding of the Care Certificate.

Staff received regular supervision sessions and observations of their practice. Staff received feedback on their performance in a constructive way. Additional support and training was made available for staff where required. For example following an audit, the management realised that some of the team leaders were not fully confident in relation to the application of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). In response, they carried out workshop sessions with the senior team and created an MCA Guide to help them learn to undertake assessments. This had resulted in a greater understanding how one must make no assumptions about capacity and what people can or cannot do.

Good practice and performance was recognised. For example, the provider had an 'employee of the month' award which recognised and celebrated staff's achievements. Staff were nominated by their peers and people's representatives. There were also annual staff achievement awards and staff from the home were recognised in the categories of employee of the year, most positive person and most creative person. Prizes for these ranged from £50 to £500 with bottles of champagne and shifts off work as prizes.

The provider and members of the senior management team had received external recognition and awards for their commitment to care and of quality of the service provided. These were as follows; Care Focus Awards - Care Organisation of the Year 2014, Great British Care Awards - Outstanding Contribution to Care, regional finalist 2015, The Great British Care Awards - Employer Award, Regional Finalist 2015, Jim Mansel Award for Outstanding Contribution to Care – [name of provider] Finalist 2015, Learning Disabilities and Autism Awards - Manager Award - 2015 [name of support manager] Winner 2015, Learning Disabilities and Autism Awards - Making a Difference Award – [name of quality assurance manager] National Finalist 2016, Great British Care Awards - Care Trainer of the year 2016 - Regional finalist.

The provider's senior management team attended an eight week mindfulness course in order to learn how to better deal with stressful situations. The registered manager attended the course. We were told "This was not only a training course, but a team-building exercise. It has enabled a more positive approach to managing stressful situations and management has been sharing the techniques learned with their teams."

The provider had introduced "team talks" which were held at the provider's head office. These meetings enabled staff representatives from each of the provider's home to meet with the support manager to ideas to improve the quality of the service and make suggestions and address concerns. The registered manager told us, based on information shared at a recent meeting; they had improved staff handovers to allow more time and to enable more staff to attend. There were regular meetings for all staff where information was shared and views were encouraged. A recent staff meeting had been used to discuss our inspection process and the five questions we report on; Is the service safe, effective, caring, responsive and well-led?

The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. The manager told us they were always informed of any changes and that these were cascaded to staff and implemented without delay. In their completed PIR the registered manager told us "We recently had a mental capacity awareness week for staff, families and residents to provide information and updates and to raise awareness. We had quizzes, information afternoon, treasure hunts

and assisted technology and a Mental Capacity Act workshop."

There were other ways in which the registered manager kept up to date with current best practice. For example in their PIR they said "We are a member of the RCPA (the registered care provider association) and attend regular seminars, the most rest recent one was on specialist epilepsy and being an outstanding care home. We receive regular magazines from the caring times and expert care manager, as well as receiving regular updates from Care England. We are also a member of BILD (The British institute for learning disability).I maintain my own awareness and interest, also information from the training, quality assurance and support manager is regularly communicated and shared. We also aim to sign up to the social care commitment within the next 3 months to ensure that clear values are embedded in the home."

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. The provider employed a quality and compliance manager who regularly visited the home to monitor the quality of the service provided. The quality monitoring system focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? We looked at the findings of a recent audit. Findings were mainly positive. Where areas for improvement had been identified an action plan had been developed and action had been taken or was in the process of being taken, within agreed timescales.

Annual satisfaction surveys were sent to people's representatives, health and social care professionals and staff to seek their views. The results the most recent survey showed a high level of satisfaction about the quality of the service provided. The surveys asked questions based on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? Responses had been either "Good" or "outstanding." A relative commented "Wonderful staff and a very high standard of care." A health care professional said "I placed a patient here because I have been so impressed with the care offered." Another professional commented "The standard of care in the Cream Care organisation and in Longrun (Cream residential care) in particular is one which all care homes should aspire to. Excellent!"

In a staff survey, staff had raised some concerns about the length of time it took to have repairs/decoration attended to. In response to the provider ensured a maintenance person was allocated to the home on a full time basis.