

Leonard Cheshire Disability

Bells Piece - Care Home Learning Disabilities

Inspection report

Hale Road
Farnham
Surrey
GU9 9RL

Tel: 01252715138
Website: www.lcdisability.org

Date of inspection visit:
04 December 2015

Date of publication:
29 March 2016

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

Bell's Piece is a residential home which provides care and accommodation for up to thirteen adults with learning disabilities including autism. It is set in a semi-rural area of Farnham, Surrey. At the time of inspection, there were twelve people living at the home.

The service also provides day support although this activity is not regulated by the Care Quality Commission (CQC). There is an activities centre onsite ; 'Simply Unique' offering a range of activities such as gardening, arts and crafts, literacy, IT classes, healthy eating programmes, music and games to people who live at Bell's Piece and those people who visit.

The home also runs a farm shop which is open to members of the public. It has a range of goods on offer from arts and craft to homemade jams and chutneys. All these products are made by the people who live and visit Bell's Piece.

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 inspection took place on 4 December 2015 and was unannounced.

Staff understood what was important to people and worked closely with them, and with families to ensure each person had a meaningful and enjoyable life. People played an active daily part in the running and development of the home.

An outstanding feature of the service Bell's Piece provided was the time spent in developing the service, using innovative strategies with communication and guidance to help people gain independence skills and supporting people to achieve their full potential. People had access to all sorts of social and skills development activities that were tailored to and met their individual needs. Some of these were based on site in Simple Unique, Classes Café and the farm shop. The home also promoted people's participation in the wider community; supporting people access to friends, attending further education and developing citizenship. The staff knew the people they supported as individuals.

Innovative approaches such as 'My Choice Pad' and 'Seed to Plate' enhanced people's quality of life and provided therapeutic benefit to people. My Choice Pad brings together proven speech and language therapy techniques with market leading technology to deliver language development via tablet computers that is both effective and measurable. Seed to plate is a horticultural programme that supports people to grow, harvest and cook their produce.

There was positive feedback about the home and caring nature of staff from people and relatives. A relative

said, "They're all very caring. I've never come across anyone who isn't and I'm in and out a lot. It's always open house. You can visit any time you want. They keep us involved."

People were safe at Bell's Piece. There were sufficient staff deployed to meet the needs and preferences of the people that lived there; A relative said, "There are enough staff to help." One person said; "There's always staff here."

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. One staff member told us; "We risk assess to make sure people are safe, for example with bathing, we look to see if that person can get in and out of the bath, if they need help or if they can be left alone."

Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. One staff member said "If there was an incident or accident I would treat the injury and record it in the accident and or incident book" and "I would always tell the manager if I saw anything that wasn't right." There was clear information displayed in the home for people and visitors to know who to contact should they have any concerns.

People knew what to do in the event of an emergency and there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency. One person showed us what they would do if there was a fire.

People were supported by staff that were suitable for the role and understood the values of the home. The registered manager had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed people's medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff asked people for their permission before they provided care and their choice in how they wanted it undertaken was respected.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had plenty to eat and drink, and received support from staff where a need had been identified. One person told us "The food is good, I get a choice, I have enough to eat and drink." Specialist diets to meet medical, religious or cultural needs were provided where necessary.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and staff made sure they received appropriate treatment. People's health and welfare had improved due to the care and support staff gave. People met with their psychiatrist and behaviour specialists to ensure that their behaviours were managed appropriately by staff.

People said the staff were kind and caring and treated people with dignity and respect. One person said;

"Everyone is really nice." People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Bell's Piece provided highly personalised support plans which were based around the individual preferences of people as well as their medical needs and life goals. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods, or choice of toiletries recorded in the care plans matched what we saw on the day of our inspection.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. People had the opportunity to comment on the service at regular meetings. The service had received a number of compliments in regards to the newsletter they provided which was designed by people who used the service with the support of staff. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people. The senior management team from the provider organisation regularly visited the home to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

People were strongly encouraged to be involved in how the home was managed on a daily basis. Surveys were completed and the feedback was reviewed, and used to improve the service. The registered manager and volunteer coordinator had utilised support from an outside organisation and had a wide range of volunteers supporting the home, which included a Corporate Volunteer Programme; this involved organisations such as Surrey County Council, the police and Zurich Insurance staff undertaking tasks with people such as painting and decorating, building a pond and setting up the summer fete.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's needs.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines in place to minimise the risks.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed.

Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets provided where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health had improved as a result of the care and support they received.

Is the service caring?

Good ●

The service was caring.

Staff were caring and friendly. We saw good interactions by staff

that showed respect and care. Staff treated people with compassion and kindness.

People were encouraged to be as independent as possible, with the support from staff by focusing on learning a wide range of new independent living skills.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive.

Support plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of social and life learning development programmes that matched their interests.

People had active social lives and good access to the wider community.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good ●

The service was well- led.

The service put strong emphasis on reflecting on practice and sustaining improvements already made in the service. Quality assurance records were up to date and robust.

People and staff were involved in improving the service. Feedback was sought from people constantly to drive improvements in the home and develop a truly person centred service.

Staff felt supported and able to discuss any issues with the manager. All staff who worked at the home embedded the values and ethos of the service into their daily working practice.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Bells Piece - Care Home Learning Disabilities

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 10 December 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience; that were experienced in care and support for people with Learning Difficulties. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care setting.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We had asked the provider to complete a Provider Information Return (PIR) which they submitted to us before the inspection. 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.

Due to people's communication needs, during our inspection we were unable to get detailed responses from all people about their experience of living here so we sat with people and engaged with them. We observed how staff cared for people, and worked together. We spoke with three people, three relatives and six staff which included the manager. We also reviewed care and other records within the home. These included three support plans and associated records, medicine administration records, staff recruitment files, records of quality assurance and other records which related to the management of the service such as

training records and policies and procedures.

At our previous inspection in May 2013 we had not identified any concerns at the home.

Is the service safe?

Our findings

People told us that they felt safe living at Bell's Piece. One person stated that they felt safe and would go to a manager if they did not feel safe. They said that "I feel safe and the staff treat me really well. If I saw something I was unhappy about I would go to a manager. I've never had a concern."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. One staff said, "I would report to the team leader, and manager if I had concerns." Staff were able to describe the signs that abuse may be taking place, such as unusual body marks or a change in a person's behaviour. Staff understood that a referral to an external agency, such as the local Adult Services Safeguarding Team or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider. Information about abuse and what to do if it was suspected was also clearly displayed for people and visitors to see, so they would know what to do if they had concerns.

Risks to people's health and well-being had been identified and assessed. Assessments of the risks to people's safety from a number of foreseeable hazards had been developed; such as bathing, shopping and community activities. Support plans contained risk assessments in relation to people who required one to one supervision, as well as individual risks such as walking to the shops, bathing and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. One staff member explained to us that one person might be at risk of choking they said; "We have one person who is at risk of choking. Staff cut up their food into small pieces. Staff eat with the person at the table" and "I have had training with 'choking Charlie'." (A simulated doll that staff can learn how to provide emergency help to when someone may choke). The risks assessment described to staff what to do in an event that of a person choking and what to do. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

Accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed. One staff member said "If there was an incident or accident I would treat the injury and record it in the accident and or incident book."

People lived in a safe environment. The registered manager had ensured assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and clinical waste disposal. Staff worked within the guidelines set out in these assessments. Equipment, such as hoists, used to support people were regularly checked to make sure they were safe to use. Fire safety equipment was regularly checked to ensure it would activate and be effective in the event of a fire. People at Bell's Piece were aware of what to do in an emergency for the example a fire. One person showed us what they would do if there was a fire and explained the procedure to us.

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people. The registered manager told us that staffing levels were determined based on people's needs. People's

dependency levels were assessed and staffing allocated according to people's individual needs. For example, one person received one to one support and supervision. The registered manager told us staffing levels were constantly reviewed to meet the changing needs of people, we were told that extra staff employed by the provider would be used if necessary. Staff told us they felt there were enough staff to meet people's needs. A relative said, "There are enough staff to help my relative." A person said "There were always enough staff to support me."

During our inspection we saw that there was sufficient staff on duty as some people went to the day centre, one person went to work and other people stayed at home. These activities were facilitated appropriately and people were given sufficient time to take part in their chosen activities. The rota showed that additional staff were brought in to support people to attend hospital or doctors' appointments.

The appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were part of the interview and selection process and so had a say about which staff were recruited to support them.

People's medicines were managed and given safely. There was a robust procedure. People and relatives were involved in the process. One relative said "The manager has been pushing to get a psychiatrist to review the medicines of my relative and make sure they are on the right medication for their health need, I am really grateful for their help. I'm very involved with decisions regarding my relative's medication." Two people were being supported to become independently responsible for their own medicines. Staff supported these people to develop the knowledge, skills and confidence they need to more effectively manage their medicines and make informed decisions about their own health and health care.

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. One staff member said "Agency or bank staff are not allowed to do medicines. If people do not consent then I would fill in the chart and tell a team leader or the registered manager." Another staff member told us they shadowed a staff member administering medication until they felt comfortable and competent to administer it themselves to people. A team leader completed spot checks a few weeks ago to ensure that staff were giving people their medicines correctly.

The ordering, storage, recording and disposal of medicines were safe and well managed. Medicine Administration Records (MARs) showed a clear record that people had received their medicines at the right time. Medicines were stored in locked cabinets to keep them safe when not in use. An external provider managed the delivery and disposal of medicines and records confirmed this had been carried out in line with the provider's medicine policy. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

Is the service effective?

Our findings

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. One person said; "There are enough staff to look after me and they have the skills. I get to do what I want to do." A relative said, "I do think staff are well trained, and the new ones have to learn the ropes."

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they had the skills to support people effectively. This included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Staff were trained before they started to support people and received regular ongoing training to ensure their skills were kept up to date. Training was given based on the support needs of the people. We looked at the training records that showed staff had been trained in person centred planning, positive behaviour support, understanding people with learning disabilities and autism.

One staff member told us they had four weeks of induction training before starting in the home and that the training included "1st Aid, dementia awareness, end of life care, administering medicines, the corporate Leonard Cheshire training called 'Aspire' and I had two weeks shadowing more experienced staff." A second staff member told us they had worked at the service for seven years, but recently had a break of six months. They said "I have completed the Care Certificate and received refresher training before I could come back to work in the home."

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member told us they had regular one to one meetings (sometimes called supervisions) with the registered manager. They also had an appraisal when they had finished their six month probation. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns. Staff team meetings were held on a monthly basis, covering a range of topics relevant to the service, to ensure that staff worked consistently with people. We observed staff using language techniques and positive behaviour support towards people throughout the day.

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.

People were in control of their support and made their own decisions where possible. The registered manager and staff had ensured the requirements of the Mental Capacity Act 2005 (MCA) were carried out. Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have

capacity, relatives with a Power of Attorney and advocates confirmed they were consulted by staff and involved in making decisions for their family member. A staff member said, "I always assume a person has capacity unless proven otherwise, even if you don't agree with the decision. People have the right to take risks."

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "MCA is for people who are unable to make a decision regarding their money or medication, but they may be able to make a decision about their food and drink and what to wear." Staff asked for people's consent before giving care throughout the inspection. One person said; "I've been here for a year. It's quite good here. I like watching films and listening to music. I'm happy with the room." They told us that they had chosen the colours for their bed room and the photos on the walls were of their family and friends. They said they also chose their own clothes and to go out without support, as this is their choice.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that people's liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. People were in control of their nutritional needs and menus. Each person chose their meals and the time they wished to eat. There was not a standard or set time for lunches as each person had different activities throughout the day. The evening meal was chosen by the people who lived at Bell's Piece and the mealtime was a social event, if people wanted to participate. One staff member told us they supported a person with their shopping and planning their menus. One person told us that they grew their own vegetables – tomatoes, lettuce, cucumbers and butternut squash which they used for lunch and suppers.

One person said "We take turns to choose and get two choices each day - I chose beef burger and chips yesterday and harissa turkey burgers today. If I didn't like either choice I would speak to the manager and he would arrange something different for me."

The registered manager drove innovation in supporting communication and supporting people to be involved of all aspects of their life. They told us they were in the process of making interactive notices in the kitchen, which people could press to hear a voice telling people what was going on, i.e., what is for dinner that evening. The kitchen had been refurbished so all the people that lived in the home could have easy access; there were both standard height work tops and lowered ones for those people who used wheelchairs. One person said that the labels on the kitchen doors, which showed photos of their contents, were 'helpful.'

People's special dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as certain food groups that could have a negative impact on people's health, these were clearly displayed in the kitchen for staff to reference. Staff undertook quizzes about food allergies and how they affected people to give them more awareness. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. A staff member said, "We get people involved in cooking as much as possible."

People received support to keep them healthy and to access external healthcare services where needed. Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. When people's health needs had changed appropriate referrals were made to specialists to help them get better. One person said; "I saw the GP the last week because I had 'a lump somewhere." The person said "I didn't have to wait for long and I did not feel worried. I also get to see the dentist, and the foot person (chiropodist)."

Is the service caring?

Our findings

We had very positive feedback about the caring nature of the staff. One person said, "The best thing is the caring, they really do care for people in everything they do." One relative said; "They choose the staff here well – they are all caring and encourage me to be involved and informed". Another relative told us "They're all very caring. I've never come across anyone who isn't and I'm in and out a lot. It's always open house."

We saw the staff team focus on the needs of the people and that they had have good relationships with those people. They had built positive, caring relationships with the people they supported. Each person's care and support records included their background and history as well as information relating to their current support needs. Staff told us these records helped them to get to know the person. A relative told us "X is getting the right sort of care. I don't think you can fault Bell's Piece on anything."

Staff were very caring and attentive with people. They knew the people they looked after. Throughout our inspection staff had positive, warm and professional interactions with people. Staff took time to sit and talk with people. People responded well to this interaction, and it showed that staff had shown an interest in them. One staff member reassured a person who had been through an emotionally difficult time. They spoke to them with compassion and gave the person time to express their feelings. The person said "They've been brilliant here, allowing me to talk about my sadness, and people come in from the church to talk to me. I go to church on Sunday morning and Sunday evening. It's comforting to have visitors from the church here. The manager will sort out the funeral. I'm hoping to go to it. I want to say 'good-bye' to her because she has been the best friend I've ever had."

A person returned from Simply Unique having made a sock puppet Snowman, they were very excited about their creation and staff sat attentively and listened to how the person had made it. Staff even suggested that the person show other people how to make the Christmas decoration puppet.

Staff were knowledgeable about people and their past histories. Support plans recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the residents well. A relative said, "Staff are very friendly and caring to my family member." Staff were able to tell us about people's hobbies and interests, as well as their family life. This information was confirmed when we spoke with relatives, or when they showed us their bedrooms, as decorations and items matched with what staff had said.

Staff treated people with dignity and respect. People had a choice of who provided their personal care. A staff member said, "I respect people's privacy." Staff were very caring and attentive throughout the inspection, and involved people in their support. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. People also had their own toiletries in the bathroom, clearly labelled so that they did not have to use the same as everyone else. One staff member said "People are free to choose their food, clothes, socially, where they go and what they do."

The staff made excellent use of various communication systems to facilitate people to make decisions and choices in their day to day life. These were all individually approved communications systems which could

be used in conjunction with other forms of communication to support people with autism, challenging behaviours and communication difficulties to express their needs. The registered manager had recently introduced 'My Choice Pad' which is an award winning language development platform used on a tablet, which incorporates the popular Makaton language programme of symbols and signs but was also compatible with other symbol sets, custom photographs and audio communication. The registered manager said that this would benefit people as they hoped for a measurable improvement in language development for people via usage of learning pathways. Relatives told us that they felt it would be of a benefit to their family members.

People were given information about their care and support in a manner they could understand. A staff member said, "We support people to make daily choices about what they wear what clothes and items to buy in the shops; I will show them the item. I know people, they communicate through facial expressions, body language or noises." Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text, for example the staff on shift used staff pictures, so everyone could see who would be supporting them in their home. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

People's rooms were personalised which made them individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. One person said "Staff knock on my bedroom door before entering and treat me with respect. I do not need help with personal care; I wash my own hair etc." One staff member said "I just treat people as people."

Relatives told us they were free to visit when they chose to. One person said "Relatives can visit whenever they want. Mum and my sister-in-law visit me here sometimes. I go home for Christmas to mum's for a week. I'm going this Christmas. I'm looking forward to it. I helped to decorate the tree here; I feel part of things here." A staff member told us "When supporting someone with their personal care, I would ensure the door is closed and treat them like it would be me. Everyone has different needs, but I treat everyone as equal." One person said "We're all supporting each other."

Is the service responsive?

Our findings

People told us they were fully involved in their own care and support. One person said "I look at my support plan." People had the choice of how they wanted to be involved. One staff member said "X (the person) doesn't want to get involved in their care plan; she chooses not to attend reviews and monthly keyworker meetings. But I know how to phrase questions to her and if I don't get a pen and paper out and she will engage with me, so we plan her care that way."

People and relatives were involved in their care and support planning. Where people could not be involved themselves relatives, or advocates were involved. One relative said "The manager had to 'push hard' to arrange for a social worker to visit two months ago to review my relative's level of support. As a result, 1:1 support was increased and they now get half an hour's extra help each day with personal care – they need help packing their case or choosing appropriate clothes." Staff were responsive to people's individual needs. One person was in a bedsit type room with their own mobile phone. They said "I will phone a staff member if I need to tell them something. If someone isn't available at that moment they always call back, usually within 10 minutes."

Support plans were written together with the person, the registered manager, keyworkers, the person's family members, and health / social care professionals where ever possible. A relative confirmed they, or other family members were always invited to reviews of care meetings. They said, "We have regular reviews, and we go through where things are at. We are also informed of any changes in the care, or support." Relatives were very pleased with the care and support given. The reviews of the care plans were completed using easy read language and pictures so that people could understand them.

People's choices and preferences were documented and those needs were met. There was detailed information concerning people's likes and dislikes and the delivery of their care. In one person's support plan entitled 'How I like to take my medicines' it said 'I like to use a brightly coloured bowl so I can see what tablets I am taking.'

Support plans addressed a wide range of needs, actions and goals. Support plans emphasised people's abilities and skills as opposed to looking at things people had difficulties with. People were supported with their concerns and difficulties. For example, we viewed guidelines in how to support a person going to the doctor, or to travel independently, or what help they required with their personal care. This was recorded in a very positive way; by looking at the skills the person had in managing this independently. Staff discussed all issues in a daily handover to support continuity and drive achievements. We sat in on a handover meeting, all staff attended. Staff went through each person and what support they would need in the afternoon. Staff went through each resident's diary. Staff said "Ask x what support they need with their laundry." It was the Church's Christmas meal that evening and plans were being discussed as to who was going and what support was required. All staff from the new shift signed the handover sheet to show the agreed plan of support and to provide continuity in care.

All support plans started with a detailed pen picture which provided personal information, likes and dislikes

as well as people and things which were important to the person. The pen picture was followed by various risk assessments and a risk management plan which looked at in-house as well as community based activities and risks to the individual. The risk assessments included information about communication skills and communication needs of the person. All risk assessments linked into care plan goals. For example, if one of the goals was to find employment, a risk assessment was put into place to look at the risk this goal may present to the person and how this risk would be managed best. This ensured that the person had the best and safest opportunity to achieve their goals and aspirations. People received support that matched with the preferences recorded in their care file.

People had access to a wide range of social, developmental and educational activities which were varied and innovative. We observed that people's independence was promoted at every possible opportunity, for example when making a cup of tea, making informed choices about activities or engaging people in house meetings and involving them in the running of their home. We saw creative examples of teaching people to become more independent and gain life skills. For example, one person had been supported by staff to go to work and use public transport independently. Other people were supported to run the farm shop.

Other people were supported to undertake a wide variety of innovative life skills, in Simply Unique. One person said "On Monday from 1 – 4pm I went to Pompoms – I go every Monday – you put wool round this gadget and make pompoms. We sell them here. On Tuesday I go to Simply Unique – we make plates, Christmas cards, pictures – one of my pictures has been sold already! I feel good about it."

Another innovative social and developmental activity was 'Our Kitchen' this was a 10 week lottery funded programme that aimed to provide a safe and stimulating person led entrepreneurship programme for adults with learning disabilities. The registered manager told us "We encourage participation, independence and outcomes with a series of art projects within the art studio, horticulture, training kitchen, literacy class and music class. Our clients and students are also those who use our residential and supported living service and are encouraged to progress their development in other forms of support at home. This includes cooking and art work. We have a jam and chutneys brand developed in partnership with the people using the service which we sell to the local community for the benefit of the people at Bell's Piece."

People told us "It's good here. I can chat to friends and friends can visit here whenever they like." The person said they got to do the activities of their choice, like gardening and getting involved in food prep. They said they enjoy these activities and did them with a member of staff. One relative said "They are accommodated to do whatever activities they choose. My relative does knitting and craft and it's social – she does lots of healthy activities."

Bell's Piece also provided support to people who chose not to take part in group activities. One relative told us "My relative doesn't join in very much – her choice – mainly because they don't go to activities that involve interacting with people. She loves dogs. At her last review I suggested she did something with animals. They are looking into that." One person said ""I suggested it at the last residents' meeting – I can't remember when that was. I'd like dancing lessons. I'd like to learn to dance properly with Anton Du Beke. The registered manager said he would book for the person and a friend to go to London and watch Strictly Come Dancing after Christmas. We watch it on TV." The registered manager confirmed that the booking had been made.

The registered manager encouraged people to support and share their skills with other vulnerable groups. They had arranged with another care service for a group of people to go to homes and entertain older more vulnerable people. One person said "I like singing and dancing – I go to an older persons care home on a Tuesday afternoon with a volunteer and sing to people."

People and relatives were supported by staff that listened to and responded to their complaints. There was a complaints policy in place. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. Records showed no complaints had been made about the service in the past 12 months. The registered manager and staff told us that should formal complaints and concerns be received they would be taken seriously, investigated and resolved in good time. Relatives commented the registered manager was quick to respond if concerns were raised. A relative confirmed they knew how to make a complaint, but had never felt the need to. The complaints policy was in an easy to read format so it was suited to the needs of the people at the service.

Is the service well-led?

Our findings

A relative said "There's nothing the service could do better. They're good at everything. I couldn't be happier and my relative is very happy to return to Bell's Piece after visits home." Another relative told us "We keep saying how lucky we are that our relative lives here." Another relative said she felt 'blessed' that her child was at such a good service.

There was a positive culture within the home between the people that lived here, the staff and the registered manager. One staff member said "The people come first." The home had an embedded culture and values which was "To change attitudes to disability and to serve disabled people around the world. We place the people we support at the centre of everything we do and always seek to improve our services by listening to them, their carers and our stakeholders."

This was clear from our observations that the people at Bell's Piece had helped build a service people wanted. The registered manager was the driving force behind these changes and the innovative ways of working that had been implemented including My Choice Pad. Two people I spoke with confirmed that they were involved in choosing wall colours, pictures etc. There was a lovely, big picture on the library wall painted by someone at the service, who the registered manager said was 'very talented.' People were involved in aspects of the service from staff recruitment, to changes and design of the new kitchen layout.

The registered manager ensured that people, relatives and care staff had regular opportunities to make their voice heard. Meetings were arranged weekly and staff meetings were held monthly. We saw minutes of these meetings which showed that people were able to contribute to their care and care plans and daily records confirmed that suggestions made by people and staff were listened to and implemented.

The meetings people attended were recorded in an easy read format using pictures and words. The registered manager sent us the last meeting minutes and issues addressed included discussions about when people wanted the Christmas Meal and information regarding the newly recruited team leader. People were supported to have the opportunity to speak at every meeting. Most people did and this was recorded. One person said there were regular residents' meetings. They told us that they were introduced to new staff members and could say if they did not like a new staff member. They said that they interviewed one potential staff member with the manager.

The registered manager continually sought feedback through surveys, formal meetings and service reviews with relatives and professionals to drive improvements. The registered manager undertook a quality assurance survey for 2014/15 during which questionnaires were sent to people, relatives, health and social care professionals and advocates. Feedback provided by relatives and professionals was very positive. One comment was 'Bell's Piece and all its staff provide a wonderful service'.

There were clear systems in place to monitor and improve the quality of service provided. Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as

infection control, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. These included actions to improve the environment and actions that staff should take to support people's developmental learning skills. The registered manager undertook and 'OOH Visit' (Out of hours visit). We were shown the report from an OOH visit that had taken place on a Sunday evening which showed that the home ran smoothly in the registered manager's absence.

The service effectively identified, assessed and managed risks to safety, health and welfare of people, relatives and outside professionals. There was a clear system for the maintenance of the building and equipment in use which ensured the service was safe. These included regular Portable Appliances Tests (PAT) of electrical appliances, annual legionella assessments and regular maintenance checks. There were robust systems to record accidents and incidents and we saw that these were discussed during supervisors or staff meetings to ensure that the service learnt from these and minimised the risk of such incidences in the future reoccurring. Fire drills were carried out, people had individual fire evacuation plans on file and the fire risk assessments were up-to-date and had been reviewed.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and in improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. Staff were also asked for their feedback and suggestions about the home during these meetings. One of the actions requested identified by staff was to be shown more appreciation from management. The registered manager implemented "Valued by line manager – we will celebrate staff achievements each month as voted for by the people using the service in their respective meetings." Staff told us that this is a great support. The people chose which staff have excelled in the month and they are then awarded an achievement award 'Staff of the Month.'

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home.