

Excellence Care Ltd

# Clayburn Lodge

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This comprehensive unannounced inspection was carried out on 11 September 2018.

Clayburn Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to support up to six people with complex and enduring mental health needs. On the day of our inspection, six people were living at the service.

At our last inspection on 5 January 2016, we rated the service as 'good' in all domains. At this inspection, we found the service had improved to 'outstanding' in two domains and therefore had improved to an overall rating of outstanding.

The service required, and did have, a registered manager, who was also the owner of the business. 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 service was extremely responsive to people's individual needs which had a positive impact on their wellbeing, enabling them to lead meaningful and fulfilled lives. People were involved in the development and review of their care plans which were regularly reviewed. Care plans were exceptionally person centred, holistic and recovery focussed and clearly reflected people's individual needs. People and health care professionals were extremely complimentary about the service. People repeatedly told us the care and support they received from staff resulted in positive outcomes for them which had a significant impact on their well-being and recovery. Staff were fully committed to improving the lives of people living at the service and worked with people to achieve their goals and aspirations.

Staff recognised the importance of preventing social isolation and how this could be detrimental to people's recovery and supported people to engage in meaningful activities and pursue their hobbies and interests. People were supported to maintain relationships with friends and families. Where necessary, this included working with people and families to rebuild their relationships and supporting families to gain a better understanding of their family member's diagnosis and how their illness impacted on their day to day lives.

The registered manager provided outstanding leadership and had developed a strong and visible person centred culture which was open and inclusive, empowering people to lead fulfilling lives. They demonstrated an on-going commitment to developing an exceptionally skilled and motivated staff team, ensuring people received an excellent standard of care which promoted their recovery. Staff fully embraced the service's vision and beliefs, felt valued and supported and enjoyed working at the service.

Quality assurance processes were robust. The registered manager expected high standards and attention to detail; this was reflected in the comprehensive systems and processes in place for checking the quality of the service and driving continuous improvement. The service was continuously learning and improving to ensure its sustainability. Management were able to demonstrate how they measured and analysed the care and support provided to people, and how this ensured the service was operating safely, continually improving to meet people's needs and having a positive impact on people living at the service. Feedback from people, relatives, staff and external stakeholders was encouraged and valued. This was done in a number of ways such as daily interactions with people, through meetings and satisfaction surveys.

People living at the service felt safe and were empowered, as much as they were able, to take responsibility for their own safety. Individual risks to people were appropriately assessed, monitored and effectively managed. The provider's recruitment processes were robust and ensured that unsuitable workers could not be employed at the service. People were supported by skilled and trained staff. There were enough staff to help keep people safe, meet their needs and protect them from harm and abuse. There were safe systems in place to manage people's medicines.

Positive relationships had been formed between staff and people living at the service. Staff knew people well and were kind and sensitive to their needs, ensuring people's privacy and dignity was respected at all times. People told us they were extremely happy with the care they received from staff.

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

The service had forged strong links with the community and was working in conjunction with people living at the service and staff to raise awareness and tackle the stigma around mental illness.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

The service was exceptionally responsive to people's needs, enabling them to lead meaningful and fulfilled lives.

Care plans were exceptionally person centred, holistic and recovery focussed and clearly reflected people's individual needs.

Staff recognised the importance of preventing social isolation. People were supported to engage in meaningful activities and pursue their hobbies and interests.

### Is the service well-led?

Outstanding ☆

The service has improved to outstanding.

The registered manager provided outstanding leadership. They were committed to developing an exceptionally skilled and motivated staff team and delivering excellent quality care.

People and staff were involved in the running of the service.

Robust quality assurance systems were in place to assess and monitor the service, and to drive continuous improvement.

# Clayburn Lodge

## **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 comprehensive inspection took place on 11 September 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection, we reviewed the information the registered provider had sent us in the 'Provider Information Return' (PIR). The PIR is information we require registered providers to send us, at least annually, to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as statutory notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used the intelligence we held about the service to plan what areas we were going to focus on during our inspection.

During the inspection we engaged with five people who lived at the service and observed staff interactions with people. We also spoke with two care staff, the deputy manager, clinical lead, the quality assurance manager and the registered manager. We looked at a range of records which related to people's individual care and of the running of the home. This included two people's care and support records, three staff recruitment files, training and supervision information, arrangements for medicines, policies and procedures and information on how the safety and quality of the service was being monitored. Following our inspection, we received feedback about the service from five health care professionals.

# Is the service safe?

## Our findings

People told us they felt safe living at Clayburn Lodge. One person shared with us how staff had helped them to prevent a deterioration in their mental health. They told us, "I feel safe, the best [mental] health I've been in years. The staff are very good, listen to me, it's all worked out well." Another person told us, "It's alright here, I'm safe and looked after."

There were systems in place to protect people from harm and abuse. Staff were trained in recognising the signs of abuse and were knowledgeable about the actions they should take if they had any concerns about people's safety. Staff were confident the management team would report all concerns appropriately. They were also aware they could report any concerns to external agencies such as the local safeguarding team and CQC. One member of staff told us, "I would raise any concerns to the safeguarding lead. I would go directly to the safeguarding board if I wasn't being listened to."

Individual risks to people were appropriately assessed, monitored and effectively managed. Positive risk taking was promoted to empower people to be as independent as possible and to make their own choices. Staff supported people to make safe choices including minimising risks to enable them to lead meaningful and fulfilled lives. One member of staff told us, "We have management plans in place for certain things. For example, if challenging behaviour, [management plan] states what staff should do." They went on to say that additional staff would always be brought into the service from the provider's sister services to ensure people's and staff's safety at all times, should a person become unwell. People's care plans contained comprehensive information and guidance for staff to follow. For example, individuals' relapse indicators and crisis plans with clear actions staff should take in the event of a relapse. People with serious mental health conditions sometimes experience challenging times or setbacks, when their symptoms worsen, these setbacks are called 'relapses'.

Since our last inspection, the senior management team had devised a 'risk on presentation' (ROP) tool to support and protect staff from harm as well as to prevent rapid deterioration of people's well-being. The ROP had been introduced after serious case reviews identified potential missed opportunities for early interventions which may have prevented incidents from happening at the provider's sister services. The ROP was completed six times a day by staff and had three levels of indicators which provided staff with guidance as to what action to take if there was a decline in people's mental and physical health. This robust approach meant risks to individuals and others were minimised.

Staff were recruited safely. There was a robust recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). There was enough staff to meet people's needs safely. Staff told us, and our observations showed, there were sufficient staffing levels to meet people's individual needs effectively.

There were safe systems in place for ordering, receiving, storing and disposal of medicines. Staff who

administered medicines had received medication training. The medication administration records (MARS) we looked at were completed appropriately. There had been some medication errors where, although people had received their medicines, staff had forgotten to sign the MAR. The registered manager told us, and records showed, these errors had been fully investigated and appropriate action taken. Regular audits of the medication systems had been undertaken. The registered manager told us the service would be moving across to an electronic medicines system which would further enhance the management of medicines; for example, the new system would alert staff if people's medicines had not been 'signed off' when administered. Protocols were in place for 'as needed' (PRN) medicines. A PRN protocol provides written guidance to staff on how to administer PRN medication. Staff responsible for administering medicines demonstrated a good knowledge of how to give PRN and the reasons why. There were systems in place to review, and act on, patient safety alerts. For example, following a national shortage of Promethazine, staff had made appointments with people's GPs to discuss an alternative medicine.

Appropriate monitoring and maintenance of the premises and equipment was on-going. There were up to date safety certificates in place, such as for the electrical and gas systems. Systems were in place to keep people safe in the event of an emergency situation. This included an 'ICE' (in case of emergency) pack which provided guidance for staff for a range of incidents. Although no significant incidents had occurred since our last inspection, the senior management team monitored all incidents and accidents across its services. This ensured if any trends were identified, actions would be put in place to prevent reoccurrence. The management team shared lessons learned from incidents with staff. One member of staff told us following an incident at a sister service, "We have had breakaway technique training as on one of our other sites, a staff member was attacked. They wasn't hurt and they had done all the right things but we felt it was good for staff to do."

People were protected from risks associated with infection control. Staff had been trained in infection control and food hygiene and were provided with personal protective equipment (PPE). An infection control policy was in place which provided staff with information relating to infection control. During our visit, we noted the environment of the home was clean and there were no malodours.

## Is the service effective?

### Our findings

The service carried out a comprehensive assessment of people's needs prior to them moving into the service. This was in conjunction with the person and other health care professionals involved in their care. This meant it was clear what the individual outcomes were for people, and whether the service was able to meet these.

Newly appointed staff received a two week induction to the service. We saw the induction programme covered areas such as fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, equality and diversity, medicines and record keeping. One member of staff said, "You get to feel comfortable and you can have more days added to your induction if you feel you need them. You get time to know how to support people rather than being chucked into it. I definitely have all the support I need. There is always someone available whether it's a team leader or manager. I could pick up the phone and talk to [registered manager] too. They are all easy to talk to and approachable."

People were cared for by staff who had the skills and knowledge to meet their needs. The registered manager placed significant emphasis on training and ensured staff's knowledge and skills were up to date. Additionally, they actively encouraged and supported staff to continue their professional development. One member of staff had been given ownership to oversee staff training. They told us, "I get all the training I need. I also have total responsibility for arranging staff training. [Registered manager's] view is if we need the training, go ahead and do it." They went on to say, "I feel empowered. Since I started working here my confidence has got really good, and I can see myself going somewhere. I started as a support worker and worked myself up, I've just finished NVQ Level 5."

The registered manager had also put together a 'learning resource toolkit' to enable staff to provide effective care. The toolkit included a range of information such as guidance on diabetes, the Mental Capacity Act, safeguarding and information on people's diagnoses. Mental health publications were also available for staff to develop their knowledge and keep up to date with best practice guidance. The registered manager had created a 'Mental health law – basic facts' leaflet. This had been introduced primarily for new staff and included information on various aspects of mental health legislation and an explanation of the common terminology used within the mental health sector.

Staff received regular supervision and an annual appraisal. Supervisions and appraisals are important as they are a two-way feedback tool for the registered manager and staff to discuss work related issues and training needs. Staff told us they felt well supported by the management team, who were always available if they needed any support or guidance. One member of staff said, "I enjoy working here. You get a lot of support, so much support, you will never sit there thinking 'what would I do?'. I am comfortable to approach [management] for support and advice. We get lots of training too." Another member of staff told us, "I get supervision every month and from [quality assurance manager] every three months. [Quality assurance manager's] supervision is more like how I can progress in my career." This showed staff had a structured opportunity to discuss their practice and development.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Standards (DoLS).

We checked whether staff were working within the principles of the MCA. Staff had received MCA and DoLS training. They were able to demonstrate a good working knowledge of the MCA and understood the importance of gaining people's consent and helping people to make choices on a day to day basis. Everyone living at the service had capacity to make decisions and staff respected this. One member of staff told us, "We do need to ensure the decisions people make are good for them. If they may be making an unwise decision, we need to educate them on possible repercussions of their decisions, but we are aware they can make their own choices."

People were supported to have a balanced and healthy diet and staff were knowledgeable about people's specific dietary needs. People told us they liked the food and were involved in menu planning. There were alternative meal options if people chose not to have what was on the menu. People had access to drinks, snacks and fresh fruit at all times.

People were supported to maintain good health, including accessing healthcare services as required such as psychiatrists and GPs. The registered manager told us, "People's physical health is just as important as their mental health." They went on to say, following feedback from staff, feedback sheets had been developed as a quick reference for staff to see the outcome of health appointments. Care records showed the service worked effectively with other health and social care services to ensure people's health care needs were met, and their mental health wellbeing maintained. People had hospital passports in place. These are documents which include information about people's medical and support needs and are used as a quick reference guide for sharing information with other healthcare professionals. This ensures continuity of care and reduces people's anxiety if they were to be admitted to hospital.

The environment at Clayburn Lodge was accessible. People's diversity was respected and their bedrooms were personalised. There were several communal areas, including an area where people could enjoy a quiet environment and/or discuss personal and sensitive matters with staff and visitors. People had access to a private, well tended, garden. The service had recently been repainted and new flooring laid. During these works, the provider had arranged and paid for people to go on a holiday.

## Is the service caring?

### Our findings

There was a strong person centred culture at the service. People were complimentary of the staff team and continued to feel well cared for. One person said, "The staff are all really nice to me." Another said, "[Team leader] is a tower of strength to me, very kind and caring." People told us the support they received from staff made them feel less anxious, this was particularly so for people who had moved to the service from secure hospital environment. One person said, "All the staff are ok, they are on the ball, and they make sure I'm ok." Another person told us of their anxieties about their mental health relapsing and the negative impact this would have on their life. They described how the caring support from staff had helped them to maintain their mental health and well-being.

People were supported and cared for by a consistent team of staff. Staff had formed positive relationships with people and demonstrated a good knowledge of their individual support needs. Each person had a key worker. A keyworker is an allocated member of care staff who works alongside the person to help them with their rehabilitation or to maintain their independence. We saw the atmosphere at the service was homely and relaxed. A member of staff told us, "People look upon you as if you are their family. They look forward to seeing you, come to you and have a general chat not necessarily about how they are feeling. It's a big impact they know we are here if they do want to speak with someone. We are like an extended family." We observed positive interactions between staff and people. For example, when a person was becoming anxious and agitated, staff immediately provided reassurance to them and stayed with them until they had calmed down. A health care professional told us, "It is my experience that the care [person] has been in receipt of, has been consistent and proportionate to their needs. The staff have always had a very good understanding of their needs and I have observed a very good therapeutic rapport with [person] from the staff."

People were involved with their care planning. Care plans contained detailed information on people's backgrounds, family lives and preferences. These were evaluated monthly, or sooner if people's needs changed. This meant people's care records were relevant and support needs were up to date for staff to follow.

People were empowered to make decisions about the running of the service. This included regular resident meetings where people were able to share their views and put forward suggestions. For example, following feedback from people, one to one sessions with staff had been reduced, with the option for people to request more if needed.

Staff treated people with dignity and respect and supported them in spending their time in the way they chose. People could choose to spend their time with others, or spend time alone, and staff respected this. People's privacy was also respected, and there were several areas within the service where people could speak in private with staff and visitors.

Staff promoted people's independence. Emphasis was placed on people developing independent living skills. This included giving people responsibilities; for example keeping the decking area in the garden clean and tidy, helping with cooking and keeping communal areas clean and tidy. Since our last inspection, two

people had been successfully supported to manage their mental health and gain independent living skills to enable them to move on to more independent accommodation.

People were supported and encouraged to maintain relationships with their friends and family. One person visited their family every weekend and we observed a person phoning a family member. We also saw examples of where the service had worked with people and families to rebuild their relationships and enable families to better understand their loved one's diagnosis. The registered manager told us visitors were welcome at any time although they preferred to have notice of visits in case any one was unwell. They went on to say they actively promoted and encouraged people to keep 'networks with families and friends alive' as this has a positive impact on people's lives.

No one at the service was currently using the services of an advocate. An advocate supports a person to have an independent voice and express their views. Information about advocacy services was available. The registered manager provided examples of where the service had advocated on behalf of people; for example, when making decisions about whether they were ready to move on to more independent accommodation.

People's records were kept confidential, in a locked filing cabinet at the office and on the password protected computer software system.

## Is the service responsive?

### Our findings

People received an outstanding service which was responsive and tailored to meet their personal preferences and individual needs. People were extremely complimentary about the support they received from staff. In the provider's PIR they stated, 'We are responsive to the ever changing needs of our service users and support is delivered in a relaxed, caring and flexible way. Where service users are not responding to a certain method of support we try something different to ensure individuals get the right support'. This approach was evident in the care plans we looked at and from staff interactions with people. For example, one person had a problem with eating food that had been prepared for them. Staff reviewed their diagnosis and history of behaviour and concluded no amount of encouragement would help with their eating until the underlying issue regarding trust, had been addressed. To overcome this, staff invited the person into the kitchen which enabled them to see what was being cooked and what ingredients were being used. This was found to be a successful approach, and enabled the building of trust between the person and staff. The registered manager told us this approach continued to be used with new staff members until a trusting relationship had been established.

People repeatedly told us that the care and support they received from staff made them feel less anxious which, in turn, had a significant impact on their well-being and recovery; this was particularly so for people who had moved to the service from a secure hospital setting.

Prior to admission, the provider carried out a detailed and comprehensive assessment to ensure the service was suitable for individuals and it could meet their needs. This included information about people's current diagnosis, medical, social, work and psychiatric histories, identified risks and the outcomes people wanted, to enable them to achieve optimum health and well-being. This information was used to develop people's care plans.

People were involved in the development and review of their care plans. Care plans were exceptionally person centred, holistic and recovery focussed and clearly reflected people's individual needs. A recovery focussed approach means supporting individuals on their pathway to gain and retain hope, understand their abilities and disabilities, giving a purpose in life and promoting a sense of self worth. They contained clear, comprehensive information and guidance for staff on how people wished to be supported. Person-centred care means care that is tailored to meet people's individual needs rather than the needs of the service. A new member of staff told us they considered the care plans to be very organised and well written which enabled them to provide care and support to people in line with their wishes and preferences. Alongside people's care plans, the service used the mental health recovery star model. The recovery star is a visual tool which covers ten key areas such as managing mental health, physical health and self-care, identity and self-esteem, and trust and hope. It enables staff to support individuals to understand their mental health recovery and plot their progress. It also enables staff to measure and assess the effectiveness of the service they are providing. One person told us, "It's good I can see where I am doing well or not so good."

Regular progress sessions were held with people to check how they were doing and to monitor their mental

health. For example, if a person was hearing voices, staff would work with the individual to see how this can be managed so as not to cause distress. The registered manager advised these sessions were pivotal to support people's well-being; they said, "We need this level of one to one meetings with people. People often request a one to one and its important for them to have this immediately to prevent any deterioration in their mental health and for staff to catch things early in case people are struggling with their mental health." The service also had access to an external psychotherapist consultant who provided individual and group meetings with people to discuss coping mechanisms for their stress and anxiety. They were also available, subject to agreement by people's care co-ordinators, to undertake 'bridging' work with individuals pending health care appointments/courses; for example, around addiction. The registered manager told us they funded this additional support for people which provided positive reinforcement and helped prevent any incidents. This meant people received timely support without the need to wait for support from other professionals. This showed us the provider had excellent systems in place to enable an exceptional responsive service which met people's individual needs.

The service worked exceptionally well with other health care professionals. This was supported by their extensive knowledge of the people living at the service and the high quality systems and processes in place to monitor people's mental health effectively and take proactive and timely action to circumvent a relapse in their mental health. A healthcare professional told us, "[Person] was deteriorating mentally, and had a dual diagnosis. The dialogue between the provider and our services was excellent, and the care and support afforded the client was excellent too." Another healthcare professional said, "My experiences have always been positive. For example, the staff are very involved with my client and will always be willing to meet with me when I see the client. They always give me an update and are knowledgeable about recent events that have happened. They work to a recovery model, focussing on enabling my client to make decisions and take responsibility for themselves." One health care professional described to us how they had worked with the provider over a number of years with people who had complex histories and needs. They said, "I think it is remarkable that these clients have been able to be discharged at all, let alone the success that the [provider] has done. I remember working with one person where doctors seemed to infer that it was unlikely that they would ever be able to be discharged to a community based placement, and yet Excellence Care seem to have done a good job at resettling them."

People were supported to engage in meaningful activities such as volunteering, pursue their hobbies and interests, and lead fulfilled lives. Staff recognised the importance of preventing social isolation as this could be detrimental to people's recovery. There is a strong link between an individual's recovery process and social inclusion which includes supporting people to take part in mainstream activities and opportunities within their local community. Without exception, the service embraced this approach. The registered manager told us, "We use the resources out there. The key factor is to get people involved in mainstream activities, it doesn't matter if someone has an illness. It's about getting people involved in the community and promoting that. It's important to give people a sense of belonging, we want people to feel normal and not a service user. We don't see people as having an issue."

People had their own individual community engagement plan. The registered manager told us this provided structure for people, however it was their choice as to whether they wanted to engage in the activities. One person told us how they enjoyed fishing; they said, "I really like fishing. I go on my own and the staff sort me out a flask of drink to take before I go." Another person accessed various activities they enjoyed including a local dog walking group and gardening group. A member of staff told us, "Whatever people want to do we will support them to do it. If they want to go to church we will support them. We also support people to attend a local sociability group which is open to everyone. There's lot of things going on there, for example quizzes, mindfulness, yoga, and music; so much for them to do and engage with other people. Not everyone here likes to go so we respect that." We noted various in-house activities were also available for people to

participate in. A health care professional told us, "[Person] was a long term resident of hospital prior to living at Clayburn Lodge, and [staff] have basically given them a life which I don't think they, or their family ever believed was possible. They are relatively functional and lead a life which is as independent as it could possibly be, given the confines of their mental health condition. This is largely due to the effective balance provided by Excellence Care of care and control. Not that they are controlling, but they do provide a structure which is essential for the client's wellbeing and progress. They seem to know what to do in a crisis, yet they remain calm under pressure. They refer appropriately to the right resources in the community, and have good relationships with local mental health teams, and are integrated into the supported living side of things, to support clients on a journey from hospital to more independent surroundings."

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. The registered manager confirmed to us people had access to information in a format or language they required and this was discussed at the start of the service; such as large print, pictorial, braille and translation services. The registered manager told us there was a diverse staff team across the provider's services which benefitted people where English was not their first language. They went on to explain this was because it was common for people to revert back to their first language if they became unwell.

There were systems and processes in place to manage complaints. The senior management team viewed complaints as a way to improve service delivery. No complaints had been made since our last inspection. The registered manager said they worked closely with people and often picked up any issues or concerns immediately. People knew who to speak with if they had any concerns.

There was no one currently receiving end of life care. The registered manager advised us they would work with palliative care teams and support people's end of life wishes.

## Is the service well-led?

### Our findings

The director of the service was also the registered manager. 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 registered manager provided outstanding leadership and, since our last inspection, had been supporting the service to go from 'good' to 'outstanding'. The registered manager and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. The 'whole team approach' and culture in the service had continued to develop and grow. The vision and the value of the service of 'enabling people to live as they choose' remained embedded in the home.

The strong and clear person centred and recovery focused visions and values that were founded in best practice guidance. This on-going commitment to develop an exceptionally skilled staff group and motivated staff team demonstrated that this service was acting as a role model to services that support people with complex mental health problems. The high quality of evidence based person-centred care provided by the service, as described in the responsive domain, meant that people living at the service were able to live meaningful and fulfilling lives. This was evidenced by all our observations and interactions on the day of inspection. This level of outstanding care was possible due to the strength of the inclusive and forward-thinking leadership team, and the care provided to people often prevented people from serious deteriorating in health and needing hospital admissions.

Staff embraced the registered manager's vision and beliefs and spoke consistently about the service being a great place to work. They told us they felt valued, supported, received regular supervision and had access to plenty of training opportunities. A member of staff told us, "Management are visible they're always around for support and guidance. I cannot think of any improvements, it's really well managed and organised." Another said, "I am proud of how far I have come and how much I have learnt. I always looked up to [management] and never thought I would be able to do the things they were doing." They went on say, "Seeing change and improvement in people's lives, and knowing we have been part of that life change is very rewarding. The service is well led and managed. The [registered manager] is very involved and hands on, I think it helps the overall business and if it was taken out things would start to crumble."

The management team were committed to ensure that staff were constantly motivated to do their jobs well and that they felt valued and supported within their roles and developed. In recognition of the dedication of staff, the provider had involved staff and people living at its services to nominate staff members who had gone the 'extra mile'. We noted a member of staff working at the service had received a 'recognition award' and had enjoyed a holiday paid for by the provider. The provider had a good understanding of how important it was for staff to also feel emotionally invested in and staff had access to an independent counselling service which was wholly funded by the provider.

Staff were provided with, and proactively supported, with opportunities for development and progression and to attain further qualifications. For example, there had been an increase in the number of team leaders, providing staff an opportunity for promotion. One member of staff told us how they had progressed through the organisation and how they valued the support and mentorship provided by the senior management

team. The registered manager was extremely proud of the staff team and ensured they received regular supervision. This included supervision with an external officer which focussed on their learning and development. Feedback from these supervisions was provided to the registered manager.

The managerial support that staff received meant that they shared the registered manager's vision to provide exceptional care to people. They were clear on their responsibilities and worked effectively together as a team. Documentation had been continually reviewed by the senior management team to support this. Team meetings were held regularly. At a recent team meeting various topics had been discussed, such as medication, training and service changes. Staff told us they met regularly to discuss people's needs and any challenges they were experiencing as well as sharing their views on the day to day running of the service. There were effective systems in place which ensured timely communication to staff. For example, staff were immediately alerted when patient safety alerts had been published and were provided, if required, with clear instructions of actions to be taken.

The clear vision to deliver exceptional care and support which promoted a positive culture and person-centred service which was open and inclusive, empowering people with complex forensic history, mental illness and substance abuse to lead fulfilling lives and achieve their goals and aspirations. People were extremely complimentary about the registered manager and the management of the service. They repeatedly told us of the significant positive impact the service had made to support their well-being. This was reflected in individual's care plans and the support they received from staff. During our visit, we observed people speaking openly with staff and management and their views were acknowledged and, where required, immediately acted upon. One person told us, "Clayburn is the best. I want to live here forever. The house is really clean. [Names of registered, managers and clinical lead] are very helpful and support me. I don't want to change anything here." Another person said, "I don't know where I would be without this place and the support I get from staff. I feel settled here, I don't want to go back to prison or [secure mental health unit]."

Health and social care professionals gave extremely complimentary feedback from about the leadership at the service. One health care professional told us, "I consider that the service is well led and managed. They have a clear management structure and are very responsive to any requests to meet with them or for them to contact me about a particular issue." Another said, "I have worked with a number of clients in recent years. I have a good working relationship with the team. They communicate with our service on a regular basis and the clients in their care, present as happy and well supported. NHS staff are welcome to attend at anytime. If a client experiences problems [staff] have immediate dialogue with our service. This might be the recovery and wellbeing team, crisis services, intensive outreach, A&E, or the outpatient department. [Registered manager] is in contact with all members of the multi-disciplinary team on a regular basis. In my view the care afforded our clients is of the high standards, and I have no concerns." Another said, "The clients are well supported and staff are customer focussed and willing to listen." In a recent survey, we noted all the responses received from health care professionals showed they considered the service to be 'excellent' and they would recommend the service to others.

This was a learning service and quality assurance processes were robust to monitor the quality of the service provided. These included regular audits, for example on people's care plans, the management of medicines and incidents and accidents. Where incidents had occurred, documentation showed that management took steps to learn from these and put measures in place which meant they were less likely to happen again. Lessons learned were shared with staff to improve practice and the quality of service provided to people. The registered manager expected high standards and attention to detail; and this was reflected in the comprehensive systems and processes in place for checking the quality of the service and driving continuous improvement. The quality assurance manager supported staff to develop the necessary skills to

enable them to undertake internal checks and audits and provided expert knowledge to them regarding best practice. The registered manager had also arranged for an external officer to carry out staff supervision and used information from these meetings to improve the quality of the service. Each month the officer who carried out the supervision would provide the manager with a report detailing themes gathered from staff supervision, and discuss any actions needed.

The service was continuously learning and improving to ensure its sustainability, including the promotion of evidence based best practice. The registered manager was aware of the importance of forward planning to ensure the quality of service they provided continued to develop. They encouraged and valued feedback from people, relatives, staff and external stakeholders. This was done in a number of ways such as daily interactions with people, resident and staff meetings and surveys. Survey results were overwhelmingly positive and indicated an excellent level of satisfaction with the service. Importance was placed on people being proactively encouraged to be involved in the day to day running of the service and regular resident meetings were held and people were encouraged to have a say on the day to day running of the home, including what they wanted to eat and how they wanted the home decorated. People were also had the opportunity to participate in the interviews of prospective new staff, providing feedback on the staff they wanted at the service and putting forward award nominations for staff who had made a difference to their lives.

The senior management team (SMT) met weekly and attendance was mandatory and senior support workers were invited to attend. The quality assurance manager told us, "It's important to get the staff involved, upskill and empower them to take on more responsibilities." They went on to say they always consulted staff on any proposed changes to the service. For example, the review and amendments to the service's risk on presentation documentation. The quality assurance manager said, "We are transparent with staff and seek their feedback." The SMT also held quarterly meetings to critically review the service, including progress made against the service's improvement plan. The quality assurance manager told us, "We have a strategic plan to ensure good quality care. We are constantly critical of ourselves we will not let things go. We listen to what staff and service users are saying to us." Since our last inspection, the service had been awarded ISO 9001 accreditation. This is an international standard which is awarded to organisations who have demonstrated their consistent ability to provide services that meet customer and regulatory requirements.

The registered manager informed us that the service would shortly be implementing an electronic care planning system which would support quality assurance, such as generating reports. They told us this would provide more efficiency to enable senior management to make better use of their time when visiting the service. They went on to say they would continue to use the care planning documentation they had devised instead of the generalised documentation provided with the new software. They said, "We have spent a lot of time developing our documentation, it's solid, and we know it works for staff and people."

The registered manager worked in partnership with other local organisations and agencies and had an excellent understanding of their responsibilities to meet with regulatory requirements. This included notifying the Commission of important events such as allegations of abuse, deaths and serious injuries. Information was stored securely within locked offices and computers were password protected. The registered manager was a member of a local health and social care association and had forged strong links with the community working with staff to raise awareness and tackle the stigma around mental illness. They said, "We involve service users here and at our other sites. We are ensuring mental health shouldn't be a stigma and support people to get into volunteering and vocational work etc." The registered manager went on to tell us that they would be further developing their work of challenging stigma and discrimination by publicising on their website a series of videos which had been co-produced with service users and staff in an

attempt to share their experiences and life history. They added, "These videos have been especially useful to us to look back on at the way the care and support sector has changed for the better over the years as many of our service users have extensive histories of treatment and support."