Precious Homes Limited

Ulysses House

Inspection report

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Date of inspection visit:
08 August 2018

Date of publication:
05 September 2018

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 inspection took place on the 08 August 2018 and was unannounced. Ulysses House 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. Ulysses House is registered for six people with learning difficulties and Autism. On the day of our inspection, five people were living at the service.

At the last inspection on 27 November 2015 this service was rated good in all five key questions, and before that the home has a sustained a history of compliance with legal requirements.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People living at Ulysses House could live a life as fully as they were able in a homely environment that had been created to meet their needs.

On the day of our inspection visit 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 was run.

Information about people's care was provided in format that they found accessible and they could understand. The service was extremely well led. There was a strong person-centred ethos which meant that people were empowered to have choice and control over their lives. The registered manager provided strong and stable leadership and clear direction to the staff team. Staff felt supported and valued.

There were effective systems to monitor the quality and safety of the service provided that placed an emphasis on the quality of people's lives. These systems were used to continue to drive improvements in the service and the care people received.

The service provided at Ulysses House was extremely person-centred and the staff were passionate about caring for people. We saw that without exception people at the service and relatives were treated with kindness by a staff team that were passionate about providing care to people who they considered to be like family members. Staff supported people with respect and dignity, and had developed some extremely positive relationships with people that were based on respect and trust.

People could maintain relationships with people who were important to them. Relatives we spoke with felt their views and opinions about their loved one's care were always listened to so that they felt involved in their loved one's care.

People received care that met their individual needs, people's views and preferences were sought and staff made exceptional efforts to provide a service that empowered people to develop and live a life that they enjoyed. Staff understood people's unique methods of communications so that they could meet their needs and involve them in all aspects of their care.

Staff sought consent from people before caring for them and they clearly understood and followed the principles of the Mental Capacity Act, 2005 (MCA). Where people were deprived of their liberty, processes had been followed to ensure that this was done lawfully. Staff understood people's unique communication styles and ensured that the views of people with communication difficulties were captured and acted upon.

People were protected from the risk of harm because there were robust processes to ensure their safety. Staff all knew and understood their responsibilities in relation to protecting people from abuse and had had received the training they needed to do this. The registered manager had fulfilled their legal responsibilities and had reported any issues to the local safeguarding teams and CQC. Where incidents had occurred, processes ensured lessons were learnt and actions taken to reduce the risk of the situation reoccurring. People were protected from harm because the risks to their safety were clearly identified and measures in place to reduce these risks.

People were supported by enough well trained and competent staff who knew people extremely well. The registered manager followed robust recruitment checks to ensure that staff employed were suitable to support people using the service with all aspects of their care. People's medicines were managed safely and people were protected from the risk of infection.

People's individual needs were assessed and there was clear and detailed guidance available for staff about how to meet people's needs. This meant that staff could gain an excellent knowledge and understanding of how to provide effective support. Staff's training included what the provider considered mandatory to the specific role, as well as more specialist training to ensure staff had the skills to manage the different aspects of people's care.

People were supported to have enough to eat and drink and to manage their health needs and saw health professionals regularly as needed. Staff implemented the guidance that was provided by health care professionals to support people to meet their health needs and stay well.

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 safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Without exception people received care that was designed to meet their individual needs by a staff team that were extremely knowledgeable about people and how to support them. Staff were passionate about providing high quality person centred care and went the extra mile to ensure people lived a fulfilling life and had experiences and opportunities that mattered to them.

People were supported by a staff team that were highly skilled in being able to communicate effectively with them, so that they could have maximum choice and control over their lives.

Is the service well-led?

Outstanding ☆

The service was very well led.

The registered manager provided strong and stable leadership, and a clear direction to the staff team who were highly motivated and felt valued. Staff were committed to supporting people to maximise their opportunities and live a life.

The governance of the service was highly effective and assured a consistently high quality, safe service that put people at the heart of the service.

There was an open and transparent culture with people, relatives and staff who felt they were listened to.

Ulysses House

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 unannounced comprehensive inspection took place on the 08 August 2018. The inspection team consisted of one inspector.

We reviewed information supplied by us by the provider in their Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when we made the judgements in this report. We also reviewed the information we held about the service. We looked at information received from the local authority commissioners, and the statutory notifications the registered manager had sent us. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. A notification is information about important events which the provider is required to send us by law. We used this information to plan the areas of focus for our inspection visit.

During our inspection visit we met five people who live at the home. People living at Ulysses House have learning disabilities and are on the autistic disorder spectrum. Verbal communication is not their preferred method of communication, so we spend time observing people's care in the communal areas of the home. We used the used the Short Observational Framework for Inspection(SOFI). SOFI is a way of observing care to help us understand how people experience the support they are given.

During our inspection we spoke with the registered manager, deputy manager, operational manager, three care staff, two relatives, two health care professionals and a professional advocate.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at how medicines were managed by checking the Medicine Administration Record (MAR) charts. We checked whether staff were recruited safely and trained to deliver care and support

appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse as the provider had systems and processes in place to ensure any concerns raised would be dealt with appropriately. Staff we spoke with were knowledgeable about the different types of abuse people may be subject to , and told us they received training regularly about how to keep people safe. They told us they knew who to report concerns to and told us they were sure that any concerns they had would be acted upon. A health care professional said, "I can report with confidence that I have identified no concerns around [name of person] care or any of the other people at Ulysses House."

One staff member said, "I would report any concerns to the manager immediately. However, I have never seen anything that made me think that people are not safe." Where there had been any incidents these had been reported to the local safeguarding team and CQC, in line with legal responsibilities. There was a system to report any incidents and accidents and these were reviewed to look for any lessons that could be learnt to minimise a reoccurrence. We saw records that showed that this learning was shared with the staff team. Where people had displayed behaviour that was difficult to manage, staff completed records to enable them to identify the reasons for the behaviour. This enabled them to learn from adverse events and reduce the likelihood of this reoccurring through a greater understanding of people's behaviour patterns.

People using this service sometimes behaved in a way that could place themselves and others at risk of harm. The risks to people's safety were clearly assessed and appropriate measures were in place to protect them from harm. Risk assessments were available for the different aspects of people's care which included going out into the community, environmental risk and behaviour management plans. The risks people were exposed to were discussed with the team, kept under review and interventions developed to reduce the risk of harm.Risk assessments gave staff important information about how to keep the person safe. These risk assessments were liberty based which meant that people were encouraged to take part in a wide range of activities, for example, using public transport and accessing community venues.

Additional members of staff were made available for when people were in the community. We saw staff responded in a timely way to keep people safe and reduce people's anxieties. One relative we spoke with said, "I know my [person using the service] is safe here, staff know them well".

People were supported by regular staff that they were familiar with, which promoted consistency. For people with autism it is important that they are supported by people who are familiar with them and know them well. Rotas were planned on a four-week basis and staff were assigned to work with a person for a shift, to provided consistency for the person. Staff all told us and we saw that there were always enough staff to support people. Where there were unplanned absences staff completed additional shifts, or the provider had their own pool of bank staff to provide cover.

The provider had a robust recruitment policy. We looked at three staff records that showed recruitment checks were followed. Staff spoken with told us they had told us that they had completed recruitment checks, including a disclosure and barring service(DBS) check, and had provided references and proof of identification before they start work. A DBS check is a check that enables the provider to review staff

member's potential criminal history and assess their suitability for employment.

We found that the systems to administer, store and record medicines were safe. Staff told us and records confirmed that they received training before they were given the responsibility to administer medicines and periodic checks were made on staff's continued competency to undertake this task. Where people needed 'as required' medicines there were protocols in place so staff knew what action to take before the medicines were given. Staff undertook audits of medicines three times a day to ensure that any errors or missing signatures were identified quickly. In addition, the pharmacist visited the home every three months and completed an audit of the home's medication. This meant medicines were safely managed.

We saw that the home was clean and staff had completed training about infection control and food hygiene so people were protected from risk associated with infection. Staff spoken with knew their role and responsibilities towards keeping a safe clean environment.

Good

Is the service effective?

Our findings

People's needs had been assessed effectively. Assessment process had involved the people that knew the person best as well as any appropriate healthcare professionals. There was clear person-centred information and guidance for staff to assist them gain a good understanding of an individual's needs. We saw that staff knew people well and the things that were important to them.

Staff had the knowledge and skills needed to meet the needs of people using the service. Interactions were observed between people and staff. These demonstrated staff were skilled and showed that staff knew how to support people to minimise their anxieties and maximise their engagement in activities. The registered manager's training matrix showed that all staff were up to date with the training they needed. All staff completed training about autism so that they had relevant information on the needs of people with a learning disability and/or autism.

Staff told us that they had all the training they needed and could seek support from the registered manager or deputy if they were unsure of anything. A member of staff said, "I can't think of any training that I haven't had that I need to do my job." Another member of staff said, "My MAPA training runs out soon and I already have a date arranged for refresher training next week." MAPA is a technique used to help staff keep people safe who may have behaviour that can challenge. The provider also supported staff who wished to access a 'Skills Network' where additional non mandatory training could be accessed.

Before starting work all staff completed a corporate induction and management of actual or potential aggression (MAPA) training. When staff began work they underwent a structured induction process and were supported with shadowing shifts. The provider information return (PIR) and staff all told us that they had completed care certificate training. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. All the staff told us that they received regular supervision and an annual appraisal of their performance. Without exception staff felt they had good support.

People's nutritional needs were met and their individual dietary needs or preferences were supported. People's care plans contained information on foods that they liked. During our inspection, we saw some people were supported to eat out and other people participated in preparing a meal with staff support. Staff ate with people making it a sociable occasion.

People's physical and emotional health needs were well met. Relatives were happy with the way staff supported their loved ones and said they were informed and consulted when people were unwell. People were supported to attend appointments with health care professionals to maintain good health; including the GP, dentist, optician, chiropodist, community nurses and psychiatrist. A health care professional said staff followed their professional advice and improvements to the persons wellbeing have been made, so much that they had now been discharged. They went on to say that they were informed about changes in people's health needs. The provider had also employed their own clinical specialist staff to provide ongoing advice and support to their staff for the benefit of people using the service.

The environment people lived in met their needs, and provided a homely, warm space for people to spend time alone and to take part in activities that they found interesting. Because of the challenges some people presented with there was an ongoing maintenance required. The provider had employed a maintenance person who was able to complete repairs in a timely way. Individuals rooms reflected the things that were important and interesting to them. Safe outdoor space was provided so people had access to things that they enjoyed. For one person using the service the registered manager had recognised that the person's mobility was deteriorating which meant that in the future the person would be unable to remain at the home. The registered manager had involved the person's relative and started to forward plan for this person, and introduce them to people and staff at another service that had ground floor accommodation. This planning meant that their transition to another service would be as least disruptive for the person as possible.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff all told us they had received training on MCA and DoLS and understood how to offer people information in a way that they could understand to help them make their own choices and gain people's consent.

People were consistently supported to make as many choices as they were able, and were given maximum control over their lives. For example, going out, in house activities, what to wear and what they wanted to eat and drink. A member of staff said, "Everything is tailored to them [people using the service]. What they like, whatever they want we try to do." Where decisions were made on people's behalf, best interest meetings were held with relatives, or representatives and the staff who supported the person to ensure the decisions made were in the person's best interests. We also saw that staff sought people's consent before providing any care or support to them.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made DoLS applications and authorisations were stored in each person's care records. In the records we reviewed there were no conditions stated in the DoLS that had been granted. The registered manager knew who the persons representative was and their role. The registered manager had a system in place to ensure that when peoples DoLS expired they could reapply for a new one in a timely way. This meant no unnecessary restrictions were place on people and their rights were protected.

Good

Is the service caring?

Our findings

People received excellent support from staff that were kind, caring and passionate about the people they worked with. All the staff spoken with consistently told us that the best thing about working at the service was the people living there. Most staff described the service as like one big family, and they considered people to be their family members and treated them as such. We saw that staff engaged with people in an affection and warm manner that created a calm and positive environment for people. A member of staff told us, "I absolutely love working here, it can be challenging, but it is so rewarding. People choose what they do." A health care professional told us, "I have never met a more enthusiastic staff team. They really champion their service user's rights."

A relative told us said, "I can't say a bad thing about them [staff] there really isn't anything I can say that's bad. All the staff are great." They went on to say," I can see my [relative] developing and growing, their behaviours are improving, it's so impressive." Another relative told us how happy their relative was to come home [back to Ulysses house], after a day out with them. They could see their relative was happy.

The provider engaged an advocacy service for one person as they had no family involvement. An advocate is an independent person who supports people to ensure their views, wishes and beliefs are not only listened to but also taken into consideration when decisions are made about them.

People received excellent support to express their views and make decisions about their care as much as they were able. Every effort was made to obtain people's views and involve people in making decisions. All the staff were aware of how people liked to communicate. There were visual aids for people to use to help them express their views. Their relatives were consulted and included to support their loved ones in planning and making decisions about people's care. A relative told us," I feel involved, there is good communication and I am always kept up to date, they listen to my suggestions. I really can't think of anything they could do better."
The registered manager and the staff were clearly committed to promoting people's independence and supported them to gain the skills and confidence to achieve their goals. People were supported to achieve a monthly goal to enable them to achieve a new skill towards independence or experience something new.

People were treated with dignity and respect by the staff who supported them. Their privacy was maintained and they were encouraged as far as possible to develop and retain their independence. We saw that people were extremely well presented and were wearing clothes of their choice, that reflected their age, gender, the weather and their own individual style. Staff told us that people were shown clothes from their wardrobe and the person picked what they wanted. A health care worker told us, "People are always dressed nicely and great care is given to their personal care." A relative told, "[Name of service user] is always well presented." This meant that staff recognised the importance of looking good to people's dignity and self-respect.

People had their own en-suite rooms, and where possible people were supported to use keys to lock their room. This helped people to maintain their privacy and security of their possessions. Staff had considered

how best to provide people with the quiet private time they enjoyed. For some people this meant that door bells had been installed so that they could choose to invite people into their private accommodation.

Outstanding ☆

Is the service responsive?

Our findings

People at the service received individualised care from a staff team who showed an exceptional knowledge of their needs. People's care was centred on achieving the best life possible for them. The people who lived at the service had varying methods of expressing their needs. Staff worked with each person to support them to express their views and choices in ways unique to them and to maximise their involvement in all areas of their lives. A healthcare professional said, "I have consistently witnessed the positive engagement with [name of person] and her support staff. The way that she communicates with them, and their understanding of her gestures means that her needs are met." Another healthcare professional said, "The staff team are always able to tell you what you need to know about the person."

We saw examples of excellent interactions between people and staff. Staff were aware of people's verbal cues and body language so they could anticipate their needs and knew when and how to distract where necessary to keep them and others safe. We also saw staff supported people to make choices such as when people wanted to undertake an activity, and responded promptly to these requests. Staff were all able to tell us about the individual ways they worked with the people to reduce any anxieties they had during each day. Due to people's medical diagnosis they responded well to routine and having a clear timeline of events so they could process the information. We saw that pictures and symbols were used to engage people in developing a timeline and sequence of events for people to enable them to predict events so they were supported to manage their anxieties. Care plans recorded this information in detail. This showed staff used the information gathered about the people they cared for to ensure they received a very high standard of personalised care and really knew what was important to people and how to involve them. For example, staff went the extra mile to support people to live a full and fulfilling life. We heard about a holiday people had enjoyed. Staff recognised that one person's needs meant they would prefer their own accommodation where it would be quieter, so while a chalet was arranged for people, a caravan was also booked on the same site for this person and their own staff. The day before the holiday staff went and took things that were important and familiar to the person and arranged the caravan in a way that would lessen the persons anxiety and enable them to enjoy their holiday to the maximum. This in-depth knowledge of how to support people living with autism and commitment from staff to work in a way that reduced people's anxieties resulted in exceptional outcomes for people and enabled people to have an enhanced sense of well-being.

Another example was a relative of one person living in the home wanted to go on holiday with them but because of their personal challenges this hadn't been possible. Knowing the person's passion for sensory simulation and roller coaster rides, staff had booked an overnight trip to a theme park for the person using the service, their relative and two staff. Staff had worked with the person and developed a story book so the person knew what was happening, to prepare them for the trip. The relative and a staff member both told us about the overwhelming success of the trip. The person's relative told us, "We went to Alton Towers, I can't praise staff enough, they were so responsive to [person using the service] needs, it was calm and brilliant for [name of person using the service.] A member of staff told us, "I was so proud of [person using the service] she loved it, she didn't get upset at all and was really engaged with the experience."

The registered manager had introduced 'person centred champions' which was an assigned staff member

whose role was to involve family members and significant others in people's care; inviting them to a review and enabling them to contribute to the person's monthly planner. There were regular opportunities to discuss people's support at handovers, staff meetings or one to one meetings. At the staff handover, people's days and achievements were discussed in detail and information was shared between staff. This meant that staff had received clear information about any changes in behaviour patterns and development of an individuals planned care to ensure they could continue to support them in the best way possible.

People were supported to achieve their full potential. There was a genuine focus from staff upon using active engagement to enable people to partake in activities that would otherwise not be possible supporting people to develop new skills, gain confidence and reduce their need for ongoing formal support. This was an on-going process and the staff team were constantly striving to look for new opportunities, experiences and skills for people. The staff team and registered manager used reflective learning to aid ongoing discussions about what they could try to improve people's quality of life further. The staff team gave us many examples of the ongoing achievements everyone had made and forthcoming plans for people. For example, one person had a keen interest in aeroplanes. The person had been supported to visit the airport to watch planes take off and land on numerous occasions. Staff had recently applied for a passport for the person and had booked a short break abroad to their county of heritage, The staff member was funded by the provider as it was something that they believed was important to the person for the person and their key worker. One person was supported to have a part time job in a social enterprise café, operated by the provider; building their self-esteem and further developing their skills. A health care professional said, "There is no boredom for people in this home. The activities go above and beyond and set this home apart from others."

Staff had used innovative and individual ways to involve people and their relatives in their care. For example, people were supported to agree and then achieve a monthly goal to enable them to work towards developing a new skill and increase their independence or experience something new. We saw that each person had a scrap book that provided a pictorial story of the person's progress towards this goal, which had been broken down in to small steps so the person was able to achieve success and enhance their self-esteem. The story book meant that there was a record for relatives to see so that they could feel involved with the person's journey. Staff used prompts, symbols and pictures to help the person make the choice. The same methods of symbols, prompts, pictures and leaflets were used to support the person to choose the activities they wanted to take part in. For another person whose interest was 'superheros', pictures of these were used to enable them express their emotions. This meant that they were able to express their feelings and staff could tailor their daily routine and support around how they were feeling reducing incidents and enhancing their sense of self-esteem. The way people were supported to develop and make decisions meant that people had the maximum possible amount of control over their life.

People were supported in a way that reduced their anxiety because their care was person centred and tailored to their specific needs. We saw records, and spoke with staff who could evidence that for the people using the service, their complex and challenging behaviour had significantly improved. Their behaviour had previously affected their ability to safely undertake activities that they enjoyed. Triggers (things that may cause a change in behaviour) had been identified and strategies put in place and followed by staff that had resulted in an excellent outcome for the person. For example, a relative told us, "[Name of person using the service] is now able to go to the hairdressers, she has never done that before." A health care professional told us, "[Name of person] behaviours have improved so much that they have been discharged from receiving professional services."

The garden was safe and secure and designed to support people to do the things that they enjoyed and provide the additional sensory stimulation that some people with autism seek. A sensory room had been

erected in the garden, along with a hot tub, sunken trampoline, swing and sand pit. We saw people accessing the garden and sensory room independently. People's relatives and the staff team were invited to these events, such as a BBQ and we saw very positive feedback from relatives on their enjoyment of these events. Staff worked in a way that removed barriers to people accessing other services. For people using this service attendance at hospitals or medical appointments would be distressing. The registered manager had worked with the staff team and developed 'Hospital Passports'. These are person centred documents that contained information about the persons health, their likes and dislikes and preferred methods of communication so that hospital staff were aware of people's needs and were better able to support the person.

The registered manager had recognised that the women who used the service would benefit from their own ladies only recreational area, specifically decorated and equipped with items that women often appreciated. This area provided the opportunity for quiet and relaxation away from the generally louder and more boisterous activities enjoyed by the other people.. To achieve this an empty bedroom had been converted, which meant that the registered manager could only accommodate five people, not the six they were registered for. However, they were committed to providing personalised care in a way that enabled people to have maximum control over their lives and reduced people anxiety and therefore had reduced their potential occupancy to facilitate this.

People using the service were unable to say if they had a complaint. However, staff knew them well and recognised when people were unhappy. There were clear records that showed what people did to show that they were happy or sad and staff spoken with were very familiar with how people communicated. Relatives told us they knew what to do if they had any complaints about the service. However, they told us there were no complaints about the service, a relative said, "I can't think of how they could improve." We saw there was a complaint procedure displayed and in accessible formats to people at the service.

People using this service were younger adults, however the registered manager had considered their end of life wishes. Where these had been discussed with family members, records were available to demonstrate this.

In August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. The registered manager had provided the information people needed in accessible formats, to include easy read versions of documents and the use of pictures and photographs and technology so that people had access to the information they needed in a way that helped them understand their care and make choices about how they lived their life.

Outstanding ☆

Is the service well-led?

Our findings

People's experience of receiving care and living in the home were the focus of the provider's quality improvement activities. The provider had robust and effective systems and processes to monitor the quality of the service people received. We saw that these were exceptionally effective and used to drive improvements throughout people's care. Audits were undertaken regularly in all aspects of service delivery. In addition to in house audits, the registered manager had invited the pharmacist to complete external audits of the medication systems. Records viewed showed the pharmacist had not identified any areas for improvement.

Ulysses House had been assessed by the local authority to have achieved 100 % compliance with Birmingham City Council's contract monitoring standards. Where the provider's own audits identified areas for development we saw that the registered manager had produced an action plan to show how the issues would be addressed and who was responsible for completing the actions.

The registered manager attended manager forums and regular meetings with other registered managers from the company to share positive practice. The provider also held empowerment days to encourage managers to develop and share good practice stories. This approach meant that the good practice and innovations implemented at Ulysses House were shared as models of good practice, meaning that the provider and registered manager worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. This ensured learning from experiences took place across the company. Governance was a standing agenda item for discussion at these managers meetings reflecting the importance the provider assigned to this. The provider also produced a monthly newsletter circulated to all their services, sharing areas for development and celebrating good news stories.

The registered manager kept themselves up to date with current best practice, supported by the company, by attending study days. As an organisation the provider had many initiatives and ways to involve, motivate and reward staff. There were awards for attendance, attendance at training and timekeeping in addition to team of the month to motivate staff. Ulysses House was nominated for team of the month. The registered manager won manager of the year in 2017, in addition to being nominated for two further awards, 'going above and beyond', and 'making a difference'. In addition, there have been nominations for an external award, the Great British Care Awards (GBCA). The GBCA are a series of regional events throughout England and are a celebration of excellence across the care sector. The purpose of the awards is to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work. A member of staff was nominated and was a finalist for the GBCA care worker of the year in 2017. The registered manager was nominated and a finalist as manager of the year in 2017. In addition, the registered manager awarded an employee of the month in-house, to acknowledge their contribution to making a difference to people's lives. Staff spoken with felt that they were valued and their achievements recognised. A member of staff said," I feel valued and supported. Because we [feel valued] the staff go the extra mile."

The registered manager led by example, and all staff we spoke with felt the registered manager was a strong, visible, approachable, fair and honest manager. They told us he put the needs of the people who lived at the

service first, and worked closely with staff to ensure they felt supported and confident in their roles. One member of staff said, "He is the best manager I have ever worked with. "Another member of staff said, "Manager is brilliant, supports all the staff, always looks to develop you and gives you roles and responsibilities". Another staff member said, "The managers are on top of things, they check thinks are done". Staff all said that both the registered manager and the deputy manager were approachable and had an open-door policy. Staff felt that they could discuss any concerns they had with them. Staff told us that the registered manager applied the same outstanding person-centred principles to the staff team. Staff told us the registered manager takes the time to get to know them, listened to them to make sure they have what we need and are okay.

Staff told us if there had been any mistakes or errors at the service the registered manager was always fair. We saw records that showed that any issues that had arisen and lessons learnt were discussed at team meetings, dealing with issues openly. They offered appropriate support to staff and retraining to ensure staff learnt from any mistakes. The registered manager showed a good understanding of the duty of candour following any incidents. A healthcare professional said, "The manager is open, he has never tried to hide stuff, even when things have gone wrong." We have received notifications of incidents as required by law.

One relative arranged for a friend living with autism to visit the home and voice how they thought the service was doing, making recommendations for improvement from a person with autism perspective. The registered manager had welcomed this initiative and welcomed the feedback the person was available to provide and acted on these suggestions. For example, one suggestion was that headphones were provided for people when they were on the computer to avoid further sensory stimulation that could be distracting We saw that this had been acted upon. Staff we spoke with told us there was also a whistle blowing policy and they could report any concerns they had via this service on a confidential basis. All the staff spoken with said they had never seen anything that they felt would need reporting. Our records showed that some staff had whistle blown and issues raised had been addressed appropriately. This showed there was a fair, open and honest culture at the service.

We saw that the provider was in the process of introducing and embedding a new system to maintain records throughout the day on smart phones. The system also enabled care staff to contact other members of the staff team to make them aware of events and alerts, and complete a log of all actions and activities. The technology could also be used to ensure staff had access to the most up to date information about a person. It was envisaged that this system would both improve the quality of care records and improve communication but also create staff more time to care for people. Staff we spoke with understood the value of regular clear recording of events, and how it contributed to the consistent high quality of care people received.

The registered manager was proactive in listening to feedback and building a cohesive team. He had introduced surveys with staff and visiting professionals that were completed anonymously. These provided staff the opportunity to comment on things that worked well and things that could be improved. A staff member said, "The manager is always looking for ways to improve and staff are able to give their suggestions." We saw that feedback received had been analysed and the registered manager had introduced a, 'you said – we did' approach so staff we able to see what action was been taken because of their comments. For example, a sensory room had been built. The 'you said – we did 'information was on display so all staff and relatives were aware of the actions taken.

In response to some staff comments the registered manager had arranged some external team building events for all staff, to further develop team cohesion. A staff member said, "The team work has developed lots since I have been here. It's a really strong team, any problems we sort them." The operation manager

said," He [registered manager] has achieved a good harmony with the team." This team ethic meant that the staff team worked extremely well together to the benefit of people using the service. The strong collaborative team-working that involved people, their relatives and health professionals had produced some exceptionally positive outcomes for people shown in the different sections of this report. A member of staff said, "It seems like it's perfect here, that's because it is."

The registered manager had completed the provider information return(PIR). This was completed in detail and showed that the registered manager was aware of the areas the service performed well at and where they planned to make further improvements so that the service could demonstrate continuous improvements for the benefit of people using the service.

The provider found ways to support people to try new things and improve their skills. Some of these goals though small, were continuous and these small changes meant that they were supported to develop some independence. For example, we saw one person had a job that they attended with staff support. The registered manager and staff team also worked hard to ensure that people were part of the local community, and able to access the same events and venues as other people. Staff supported people to develop links by accessing local community events, and using the resources available. For example, people were known by their name at a local shop where they visited regularly to buy things they enjoyed.

We saw the registered manager worked hard to find ways to engage with people, overcoming barriers to communication. The information in people's care records showed the work that had gone into supplying staff with clear consistent information on how best to communicate with people. People's views and opinions were continually sought on a range of subjects such as menus and activities and these were acted upon. The culture in the home reflected the values of registering the right support in that people were supported to develop new skills and strategies to manage their anxiety and to reduce instances of behaviour that may change services to enable them to increase their independence, reduce their need for formal support and enjoy their lives.