

Cambian Signpost Limited

Grindon

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 15 October and 2 November 2018. We gave short notice as this service is for four younger adults and we needed to be sure people would be available. People living at this service have autism and may therefore require some support to understand why we were visiting and time to process this information prior to our visit.

Grindon 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.

Grindon accommodates four people in one adapted building. Three people live in the main house and one person lived in an attached flat below the main house. People living at this service have autism, learning disabilities and also a hearing loss so they communicate using signing. Staff working at the service were all able to communicate using British sign language.

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." Registering the Right Support CQC policy

The service had a registered manager who was registered to manage this service and another one locally for four people. 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.

At the last inspection completed in April 2016 we rated the service as overall good with outstanding in the key area of caring. At this inspection we found caring continued to be an area which staff and the organisation excelled at. We also found the service was outstanding in the key area of well-led. This meant their overall rating had improved to outstanding.

People were being supported by staff who were highly skilled, sensitive to their needs and who worked in a truly person-centred way. Each person was afforded opportunities to continue their interests and hobbies, but also to stretch themselves and try new things. This was inspirational as sometimes people with autism struggle to try new things or go to new places. With careful planning and skilled support, people were accessing community facilities and trying activities such as surfing, holidays and shopping for their own groceries.

The management team were inclusive and forward thinking. They ensured staff understood the core values and ethos of the service which was to provide young people with a safe homely environment and enable

them to develop and enhance their skills. The service provided innovative training and support to enable them to provide the care in a way which respected people as individuals and celebrated their diversity.

Training was seen as key to ensuring staff were skilled and able to work effectively with people with complex needs. Staff had support, supervision and felt valued for their role. Staff confirmed the management approach was open and inclusive. Their ideas and suggestions were listened to and they believed good teamwork was at the heart of being successful in helping the young people who lived at the service.

The management team had developed tools and audits to help the service continually improve. This included seeking and acting on the views of people and stakeholders.

The ethos and culture of the service was to promote people's individuality and provide a safe and supportive environment from which people could develop their skills and learning. The management team and staff group understood and worked in a way which showed they truly believed in ensuring people had opportunities to grow and develop their skills and potential.

There were sufficient staff with the right skills and understanding of people's needs and wishes. This meant outcomes for people had improved. People were enjoying more activities and interactions in the local community. People said staff were kind and helpful. Our observations showed staff respected people's dignity and privacy and worked in a way which showed kindness and compassion.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent to care and treatment was sought. Staff worked within the requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

Care and support was person-centred and well planned. Staff had good training and support to do their job safely and effectively. Risk assessments were in place for each person. These identified the correct action to take to reduce the risk as much as possible in the least restrictive way. People received their medicines safely and time. We made one recommendation in respect of recording of medicines in line with best practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Medicines were safely managed.

People were kept safe because recruitment procedures were robust and staff understood what to do if they had concern around abuse.

The service was staffed at an appropriate level to safely meet people's needs.

The premises and equipment were maintained to keep people safe.

Is the service effective?

Good 

The service was effective.

Staff were skilled, trained and well supported to provide effective care to people.

The environment was clean, well maintained and homely.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the DoLS team and best interest decisions were being made where people lacked capacity.

People were supported to maintain their health and wellbeing and their nutritional needs were well met.

Is the service caring?

Outstanding 

The service was very caring.

Staff went above and beyond to ensure people had the right support to foster and develop relationships and live the lives they wanted to.

Staff understood the importance of ensuring good

communication and all staff had achieved qualifications in British Sign Language, often doing this in their own time and attaining a high standard.

People were treated with compassion, kindness and respect. Their privacy and human rights were upheld at all times.

Is the service responsive?

The service was responsive.

Care plans contained information to help staff support people in a person-centred way and care was delivered in a way that best suited the individual.

Staff were committed to ensuring people's wishes and preferred routines were upheld, but also there were opportunities to try new things.

There were regular opportunities for people and those that mattered to them, to raise issues, concerns and compliments.

Good 

Is the service well-led?

The service was exceptionally well led.

The management team established a strong, open and visible culture within the service. They led by example and staff responded by providing high quality care to the people.

Staff and healthcare professionals spoke really positively about the management team and how they were developing the service and including them.

The management and staff teams continuously sought to improve and develop the service. They had effective quality assurance systems in place to review and assess the quality of service and monitor how it was run, which included independent monthly reviews from an advocate.

The views of people using the service, relatives and staff were at the core of quality monitoring and assurance arrangements.

Outstanding 

Grindon

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 October and 2 November 2018 and was unannounced on the first day and announced on the second. We gave short notice on the second day as this service is for four younger adults and we needed to be sure people would be available. People living at this service have autism and may therefore require some support to understand why we were visiting and time to process this information prior to our visit. Both days were completed by one adult social care inspector. We were unable to find a British sign language interpreter in time for the inspection. Therefore, we asked the registered manager to check with people if they would be happy for us to use staff members whom they felt comfortable with, to interpret. People said they were happy with this process.

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that is completed at least annually. It asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people. We spoke in depth to the registered manager, deputy manager, team leader and two care staff. We received feedback from three healthcare professionals and three families.

We looked at three care files including risk assessments, care plans and daily records. We reviewed medicines records, three recruitment records and a variety of records relating to the auditing of the environment and quality of care.

Is the service safe?

Our findings

People said they felt safe living at Grindon. It was clear from our observations people felt comfortable at Grindon. People described it as their home and they valued their own personal space.

Medicines were safely managed by trained staff. However, we found several handwritten entries on the medicine administration records (MAR) which had not been signed by two staff to ensure accuracy and accountability. This would help to check for potential errors and by the second day of our inspection, this system had been implemented.

There was a system in place for ordering, receipt, storage and disposal of medicines. Records were kept of medicines received into the service. Medicines in use were stored safely. There were suitable arrangements for the storage and recording of medicines requiring extra security although none were in use at the time of the inspection. Secure storage was available for medicines where refrigeration was required, although none were in use at the time of the inspection. Daily room temperatures were recorded and showed medicines were stored at the correct temperature.

There was a photograph of each person to ensure the correct medicine was administered to the correct person, along with instructions of how they liked to take their medicines. The allergy status of each person was recorded on the MAR to ensure they were kept safe from avoidable harm. There were no gaps in these records and medicines were given to people as prescribed.

The application of creams and other external items were recorded on the MAR. There were instructions to guide staff about when and where to apply the preparations. Creams with a limited efficacy were dated on opening to ensure they were used within the recommended expiry date.

For medicines prescribed 'when required' there was sufficient information within the MAR about how or when these medicines were to be given and the expected outcome.

There were systems in place to audit medicine stocks and administration. Records showed these audits had been completed regularly. An audit completed in August 2018 by the supplying pharmacy found good standards had been maintained at the service and no recommendations had been made.

Staff received appropriate training to manage medicines and records confirmed their competency was checked by senior staff.

There was a policy in place for the use of homely remedies (over the counter medicines), although no homely remedies were in use at the time of the inspection.

Where possible people were supported to manage their own medicines. At the time of the inspection one person was supported to manage their own medicines. A risk assessment had been completed and showed the person was able to manage their medicines safely. A weekly audit of the person's medicines was completed to ensure all medicines were taken as prescribed.

Recruitment practices helped to ensure people were cared for by suitable staff. Appropriate pre-employment checks were completed prior to staff working with people. For example, a full employment history, with gaps explained had been obtained; reference checks from previous employers and Disclosure and Barring Service (DBS) checks had been obtained. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staffing levels were appropriate to the needs of people living at the service. There were always support staff available. Throughout the week a deputy manager and registered manager worked at the home. Staff worked across a 24-hour shift providing sleepover cover. This provided people with a consistent workforce which benefitted people with autism. Staff said this worked well, particularly those who travelled some distance to work. People indicated they liked the staff who worked with them and that there were enough staff available to support them at all times.

All areas of the service were clean and free from offensive odours. The laundry room was domestic in style, but clean and well organised. The kitchen was clean and tidy with no obvious hazards. Staff received infection control training and were equipped with personal protective equipment (PPE) such as gloves and aprons. Support staff completed cleaning duties, encouraging people to be involved where possible.

People were protected from risks because risk assessments had been completed to identify and minimise risks where possible. Risk assessments included accessing the community, health conditions. They were comprehensive and reviewed monthly. They included what staff should do to minimise any risks.

Staff understood how to protect people from abuse. They knew who and when to report any issues of concern. The registered manager was proactive in working with the local safeguarding team where issues of safeguarding and risk had been identified. This was done in the least restrictive way. For example, where safeguarding issues were raised around people accessing the community, staff worked with the person to find a solution which would enable them to maintain their independence but also provide some support when in vulnerable situations.

Is the service effective?

Our findings

People were unable to comment directly on how effective they felt staff were, but our observations showed people were comfortable and secure in the home and in their interactions with staff. One person said "Staff are very good. I like them very much, they help me." One family member said "Grindon (staff) are always willing to seek advice from others and take this on board. [Name of person] has recently developed epilepsy and their response was immediate, with epilepsy training for all staff and equipment provision." We saw from records, plans and in discussion with staff people's healthcare needs were taken seriously and well monitored. People were encouraged to be independent in making appointments if they were able, but staff supported people to help them understand any healthcare advice and support. If people needed, staff produced information in widgeo (signs and symbols) which help people to understand the written word. Care staff were provided with a range of training, and development opportunities to enable them to effectively support people's needs. New staff received induction training to ensure they had the skills, knowledge and confidence needed to undertake their role. Training included level 1 and 2 British Sign Language (BSL) courses; management of actual or potential aggression (MAPA); safeguarding, and health and safety. Once initial training was completed staff shadowed more experienced staff until they were safe and competent to work alone. Staff explained how the induction had supported them. One said, "There was lots of training and support... (person) took me under their wing..."

As well as safety-related training such as infection control; first aid and moving and handling training, staff received training relating to people's needs. For example, autism and epilepsy awareness; positive behaviour management and equality and diversity. One member of staff said, "All training is relevant and linked to working here..."

Staff were supported to obtain a nationally recognised qualification in health and social care and leadership and management. 60% of staff had obtained a nationally recognised health and social qualification and other staff were due to complete their qualification within the next few weeks. A visiting external trainer said there was good communication with the service; rotas were adjusted to ensure training was supported and there was a culture of learning within the service. They added, "All staff are so determined... staff are very engaged and have good knowledge which you can clearly see in their practice." The provider ensured training was accessible. Staff with hearing impairments were supported by BSL interpreters during training sessions and for on-line video type training.

The service had a 'workforce development plan' which set out staff's training achievements and reviewed training available for staff for the coming year. Staff confirmed they were supported to access any additional training requested. For example, specialist behavioural training.

Staff had regular monthly opportunities to discuss their role. Supervision provided an opportunity for staff to discuss their work; their learning and development needs and any problems or concerns. It also provided an opportunity to receive feedback about their performance. Staff valued this time. One said, "I really benefit and come out feeling good about myself... I can reflect on what I have done well." Another said, "It's good to talk about any worries... anything I am not sure of. It makes my confidence better..." Staff providing

supervision had been trained to undertake this role. Staff felt supported by the registered manager and other senior staff. They said there was excellent communication within the team and that the service was a good place to work. One said, "I love my job..." This was echoed by other staff.

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. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and had made appropriate applications if they needed to restrict a person's liberties. Some of these had been authorised by the DoLS team. Staff had received training on the MCA and they demonstrated an understanding of people's right to make their own decisions.

Staff had a good understanding of working in the least restrictive way. Risk assessments were detailed and described how to support people in the least restrictive way. For example, one person was being supported to prepare their own meals, but needed support to ensure portion control. The staff team and the person had agreed that this was best achieved by ensuring that only the amounts of food needed for the meal should be provided. This meant the person still maintained their independent living skill of cooking for themselves but was not overeating or wasting food.

People were supported to maintain a healthy balanced diet. People were involved in choosing, planning and shopping for menus. If able, people were supported to help prepare their meals. People's likes and dislikes were taken into consideration when planning meals.

The design and layout of the building had accommodated people's needs. For example, the home had at least two separate dining areas as staff had noted one person found it stressful to always eat with others in the home. The use of flashing lights had been installed to help people with hearing difficulties to know if the fire alarm was being sounded. The home was comfortable and homely without being over stimulating. People had been encouraged to decorate their rooms in colours and themes they wished. One person said they would like to decorate their lounge in pinks. The staff said they would help them get some colour charts to help start planning for this.

Is the service caring?

Our findings

The service remained Outstanding in this domain.

People said they liked staff and they were kind to them. Relatives and professionals feedback praised the caring and compassionate nature of the staff. One said, "We have been immensely impressed with the staff and Grindon generally." Another said "They show a huge amount of caring and understanding. The fact that it is a 'signing' environment and staff work incredibly hard to learn signing shows their commitment to getting things right for people." One professional said "Every time I have visited I have been really impressed with the staffs' commitment to giving young people living at Grindon an active and fulfilling life. I am in awe of the staff's skills and commitment to this service."

There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. For example, staff were trained in British sign language to enable them to communicate clearly and proficiently with people living at the service. Staff explained that signing was a critical part of their role and most spent at least some of their own time learning this skill. One said, "We are expected to be at a certain grade, but most of us try to exceed this and complete a level 3." It was clear from the interactions and chat between staff and people that mastering this level of communication had been key to ensuring a person-centred culture.

One parent said, "Everyone signs fluently and (name of person) is starting to communicate more and more, despite very complex communication difficulties." Another relative said "Being in a fully signing environment is also a huge benefit to [name of person] and enables him to communicate with everyone. The strategic use of widgets also reassures him when he is upset or confused." One relative said "Everyone signs fluently and (name of person) is starting to communicate more and more, despite very complex communication difficulties. In short, we are delighted with this placement and extremely proud of the staff and their kind, caring support of our son."

Staff cared for individuals and each other in a way that exceeded expectations. Staff demonstrated a real empathy for the people they cared for. For example, when one person showed signs of distress staff spoke at length to get to the bottom of what might be upsetting them. They then spent time talking about how they could help the person, what actions they could consider together to make the person feel more comfortable. Staff spoke passionately about each person living at the service and often spent their own time exploring new activities and options for young people to experience. This was because they believed in people having fulfilling lives. It was clear staff cared about each other as a team. When a team member needed time off, they worked together to cover rotas.

Staff spoke passionately about people's achievements, such as new activities and new living skills people had mastered. Each person had a progress file with photos of activities and outings they had gone on. It was clear from the smiles of people and staff in the photos that everyone celebrated success and enjoyed each other's company. One staff member described how recently they had taken people away to Euro Disney. Most of the staff team went on the holiday and enjoyed it so much they did not take breaks from shifts as

intended, but chose to spend their free time with people from the service because "It was such a privilege to see people enjoy themselves. It wasn't like work at all." In ensuring people were comfortable with experiencing this busy and new environment, staff worked hard to risk assessment for all outcomes.

Caring and support was extended to staff. One said that they were being given extended leave to fulfil a travel dream. Another said they had been very supportive through a difficult personal time. Staff confirmed that if there was an incident which may affect people and staff, such as a behaviour which challenged, they were given time to debrief either straight after the event or soon after.

The service ensured there was a staff focus on building and maintaining open and honest relationships with people and their families, friends and other carers. This was clear in the way staff spoke about people and their contacts with their families. There were creative ways of reflecting people's personal histories and cultural backgrounds and the staff were matched with people's interests and personalities. Staff made use of photos and widgets to help tell social stories, help people understand what was happening and to help people become familiar with new activities. For example, one person had been matched with a care worker who had a passion for outdoors and surfing. They had spent time getting the person familiar with wetsuits, boards and being on the beach before they tried a surf lesson. This had been really successful. The patience and creative way staff had worked with this person to get them to try something new, showed real empathy and compassion.

Staff made sure that people got the support they needed and wanted, and were particularly skilled when exploring and trying to resolve any conflicts and tensions involved. With the use of social stories and widgets as well as signing, staff were able to discuss in depth with a person what their issue might be and how they could work together to resolve this. Some people had fixations on certain things they had a passion for. This could lead to them limiting other options. Staff understood exactly what was important to each person. Staff negotiated with them to have agreed times to follow these passions, but also to try new things and to keep to plans for developing their skills in daily living.

People were supported in a way which ensured their dignity and privacy was upheld. For example, when assisting someone with their personal care needs, this was done in a gentle way encouraging way. Staff understood the importance of offering people choice and respecting people's wishes. One person preferred to spend time on their own as they did not like noise. Staff respected their wishes but also took time to check they were okay. They also encouraged the person to come into the communal areas at quieter times and spend time with staff.

Is the service responsive?

Our findings

People's care and support was well planned. This was because there were clear care plans which instructed staff how to best support someone with their personal care, emotional and healthcare needs. Staff confirmed they used plans to help them understand people's needs. Plans ensured people had person centred care because it gave good details for staff to understand their likes, dislikes and preferred routines. People were involved in the review and development of their plans.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's hearing impairment. All staff were able to use BSL to communicate with people. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's ways of expressing themselves in verbal and non-verbal ways. Pictures, symbols and widget were used every day to help people be familiar with their day and activities which were planned. Social stories were used to help people understand new situations. For example, to explain why an inspector was visiting and wanting to ask questions.

People were offered a variety of activities and outings both in groups and as individuals. People said they enjoyed the activities on offer and it was clear where people had hobbies and interests, these were encouraged and people were assisted to pursue them. This was sometimes within an agreed parameter. This helped people not to become fixated on one activity. For example, agreeing the amount of time a person spent using the internet to pursue personal interests. One relative said "Staff understand him well and provide interesting activities to keep (name of person) busy. He has been stretched to try new things particularly physical activities like horse riding, canoeing and surfing. He also swims and walks regularly. He has household chores within Grindon and is encouraged to be an active member of the group. His passion for cars is well managed and if and when behavioural problems occur we are confident that these are managed effectively and sympathetically. "

One person told us they had previously enjoyed working at the local college helping in the café. Staff were working with the person to seek further work placements and/or paid employment. Daily living skills were also being encouraged to help people gain skills for independence. This included shopping, cooking and budgeting. Visiting professionals said that the service was focused on providing person-centred care and support, and achieved "great results". One relative said "All the staff are very proactive and energetic. (Name of person) is very active and is kept busy, doing plenty of sports and activities. What is so reassuring and encouraging is his relationship with the staff and the trust that is evident between them."

The service had a complaints process with written details of who people could make their concerns and complaints known to. This was in an accessible format to help people understand the process. Complaints had been received by neighbours in respect of staff parking. This had been immediately addressed. When there had been an issue with staff being unable to access the driveway due to bad weather, they ensured neighbours were aware of the reason staff had needed to park on the road. They worked quickly to resolve the issue.

Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influence how the service was developed. This was evident in the ways staff worked hard to ensure people's individual needs and wishes were met, and in their commitment to get people to try new things. This showed they were following the principles of registering for the right support.

Is the service well-led?

Our findings

The service was being extremely well led by a registered manager, deputy and a team of skilled staff. The vision and values were imaginative and people were at the heart of the service. The staff team believed in the vision of empowering young people to lead independent and fulfilling lives. They used imaginative ways and means to achieve this. People living at the service had complex needs and the staff team worked hard to ensure these needs were met and people's voices were heard. This was achieved by ensuring all staff knew people well and could communicate with them. People were fully involved in all aspects of the running of the service and in the future developments. For example, time and care was taken to ensure people were fully prepared for any feedback. Social stories, pictures and widget were used really effectively. This ensured people's views were fully considered. This was achieved through the commitment by the provider and management team to provide the staff team with high quality training and support. Without this, people's complex needs would have been difficult to meet. Staff said the support and training they received was welcomed and key to ensuring they could communicate with people via signing and understand people's complex needs associated with their autism.

People were involved in all levels of the running of the home. There were regular meetings where people were asked their views. The use of widget and social stories helped people make sense of their environment and the things happening. This in turn helped them to be involved in decision making. For example, in exploring new activities people wished to take part in, preparing or visiting a new place. This was a huge step forward for some people, as in the past they had refused to try new things and had been fearful of going to new places. A testament to how successful the staff team had worked with people with complex needs, was that they had been able to travel and enjoy a holiday abroad.

One person had overcome their fear of the sea and been trying out surf lessons. Another person had been successful in a work placement and was being helped to look for paid employment. The independent advocate said "It was lovely to see (name of person) excited about his imminent trip home and planned holiday with his family. I saw effective delegation of tasks and planning made by the team leader during the morning. This was communicated in a calm and assertive manner. The team worked well to reflect on what triggers could have exacerbated a young adult's anxiety and took creative steps to minimise this. Since the incident, the young person had settled back into routine. His parent praised the quality of care and how the level of incidents has reduced overall since moving to Grindon House. The manager is strong in her safeguarding practice and oversees tenacious communications with external agencies. I believe the team give good consistent care."

Staff were motivated by and proud of the service. There were consistently high levels of constructive engagement with people and staff. Relatives and professionals shared the view that staff engaged with people in a way which ensured they were at the heart of the service. One professional said "I feel truly humbled when I see staff working with people and when I talk with the registered manager. It's clear that this is a special place with a staff group who really understand people's needs and how to get the best out of them." One relative said "We are so pleased with how this placement has gone. The manager and staff have

really worked hard to make sure (name of person) has settled and they know his needs and how to work with him to get the best. We couldn't ask for better."

Governance was well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This included the provider paying for an independent advocate to complete monthly quality audit visits. These visits were unannounced and included gaining the views of people and staff. A monthly report was produced with suggestions for improvement. For example, they had written "The evidence folder is an excellent testimony of what young adults have achieved with the support and care from the team. I would advise that this is maintained as a routine practice to sustain good evidence gathering. It is heart-warming to see the lovely photographs from the house holiday overseas."

Leaders and managers saw governance as a key responsibility to be shared with the staff team. Systems and audits were used to ensure the environment was safe and well maintained; records were kept accurately. Monthly and weekly checks were made to ensure care plans and risk assessments truly reflected the person and their goals. This included detailed records and photos of people's achievements. These were used to help people gain a greater insight into their own development.

The service used innovative and creative ways to enable people to be empowered and voice their opinions. This was via signing, using social stories and widget. People were actively involved in all aspects of decision making in their own lives and in the way the home was run. For example, when one person wanted to consider having a tattoo, staff spent time explaining this was a big decision and would need some careful planning, thinking and reflection before they went ahead. In the past some people had struggled to get their voice heard or be understood, the skills of the staff team and the management approach had enabled people to express their views.

The registered manager and staff strived for excellence through consultation, research and reflective practice. This was done in a combination of seeking people's, relatives and stakeholder's views in a variety of ways. Staff were supported by the provider's clinical multi-disciplinary team, which included psychologists, speech and language therapists and occupational therapists. The registered manager said these staff were available to provide specialist support, guidance and training. This ensured they were following best practice and utilising up-to-date research from other professions. Staff said supervisions were used for reflection on what had worked well and what they could do better for the future. There was a great sense of collaboration and wanting to achieve the best for people. Where things had not gone so well, staff reflected on what they could do differently to improve outcomes for people. For example, making sure people were prepared in advance of new situations.

In terms of research the service had access to a wide range of training including PACE which was delivered by a CAMHS (children's and adolescence mental health services) practitioner. PACE is a therapeutic model which is used to support young people who have experienced trauma by providing a person centred therapeutic environment, this was entrenched within their practice and impacted upon how the staff team interact with the young adults.

PACE stands for playfulness, acceptance, curiosity and empathy. This model recognises behaviour as communication and this is reflected within the home in the extensive behaviour monitoring charts. As a team care staff used this model to constantly question the reason for behaviour and consider what the meaning was behind this. The registered manager explained "this is particularly important for one young adult who has recently been diagnosed with epilepsy. These charts were discussed in detail during updates with the Epilepsy nurse and Consultant Psychologist and indicated any changes that were required to their

medication regime to enable them to engage with the support available and achieve their potential.

Curiosity also had a role to play here as the young adults who were non-verbal and communication was often limited to areas of interest – so when the young person behaves in unusual ways or becomes anxious then the team investigated why this is the case. Knowing them well and being curious about their likes and dislikes enabled the team to support them more effectively and identify quickly any areas of concern before anxiety escalates.

There was a clinical champion allocated within the home, this staff member was invited to monthly clinical forums with the region's dedicated in-service psychologist where they shared good practice and receive additional training which could directly benefit the young adults at Grindon.

There was good partnership working with the learning disability team, hospital and other healthcare professionals to ensure people got the right care and support. One professional said the service worked well with them and kept them up-to-date with how well the person they funded was doing. They praised the high level of engagement from the staff team and registered manager.

The registered manager understood the responsibilities to report on any significant events or incidents. There had been no delay in reports to CQC. The rating from the last inspection report was prominently displayed in the hallway of the service.