

Tailored Transitions Ltd

Oakside

Inspection report

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New Milton
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Oakside is a residential care home providing personal care to 4 people at the time of the inspection. The service can support up to 5 people.

People's experience of using this service and what we found

Right Support: Care and support plans were holistic and reflected people's individualised preferences and support needs. People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We observed people making real choices in the structure of their day and the activities they took part in. People were consistently in control of how they spent their time; what they wanted to do and when.

People had control of their dignity and how personal care was provided. The service consistently met the needs of the people based on their wishes, enhancing their quality of life and well-being. Staff were exceptionally responsive and had excellent knowledge of people. The service had a strong emphasis on ensuring people felt empowered and valued. The service ensured people were provided with activities that were relevant and meaningful to them and involved people's loved ones.

Right Care: The home was purpose built to support people with complex needs and had been designed to optimise accessibility for people. Staff were extremely passionate about providing care that was compassionate and provided the best outcomes for people. Staff looked at ways to enrich people's lives. People were treated with kindness and people were observed to be exceptionally well cared for. The service promoted equality for people. The provider was passionate about supporting people to access services and activities. They supported people to overcome barriers and thought outside the box to achieve this. The registered managers and staff team had a strong approach to providing individualised care, that promoted people's dignity. We saw staff treating people with respect.

Right Culture: The registered managers were passionate about supporting people to be able to access, experience and participate in activities inclusively. They promoted positive risk taking and innovative approaches to support people to achieve this and to provide people with meaningful outcomes. The registered managers were passionate about ensuring staff were suitably skilled and trained to meet people's complex and diverse needs. We observed staff were very respectful and mindful about being in people's

home.

The ethos of the provider was that staff were guests in people's home and this was reflected in how staff supported people. People were fully involved and in control about what happened in their home. There was clear leadership and visions and values for the service, that ensured people were at the heart of everything they did. The registered managers led by example and people, their relatives and staff were consistently positive about the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oakside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oakside is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oakside is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 3 registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are

often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 14 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spent time with 3 people; getting their feedback and observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to communicate with effectively. We received feedback from 9 members of staff including 2 of the registered managers, the deputy manager and 6 care workers. We reviewed a range of records. This included support planning documentation, including medicines records, for 4 people. We looked at 5 staff files in relation to recruitment and supervision records. We also reviewed a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures. We received feedback from 5 relatives and 2 professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe and told us they were happy living at Oakside. People were kept safe from avoidable harm. Relatives told us, "We don't have any concerns on that at all to be honest, they are very well cared for and their needs are met", "They are extremely safe ... it is a very safe and caring environment" and "All of it makes me feel it is safe."
- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns, both within their organisation and beyond, should the need arise, to ensure people's rights were protected.
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff told us they were confident appropriate action would be taken if they had any concerns. Comments included, "I do feel if I had a safeguarding issue then it would be taken seriously and the correct action would be taken" and "I feel that the senior team and management would be completely supportive if I raised a safeguarding concern, and that action would be taken quickly to address it."

Assessing risk, safety monitoring and management

- Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. The provider specialised in supporting people with complex support needs and was passionate about empowering people to be as unrestricted by health and physical conditions as possible. For example, the provider was creative in supporting wheelchair users to access meaningful experiences. We have reported on this in more detail in the responsive domain.
- Staff had a high degree of understanding of people's complex support needs. Staff demonstrated their knowledge of people and how to support them to manage their individual risks. People's care records were accessible to staff, and it was easy for them to maintain care records. A professional told us, "They have clear and concise care plans and risk assessments in place."
- Fire systems, maintenance, and services were in place, with checks in relation to health and safety. People were supported to participate in fire drills where they wanted to be.

Staffing and recruitment

- People, their relatives and staff, told us there were enough staff to meet people's needs. Comments from relatives included, "As far as I know there are always enough staff ... The Management cover the staff if somebody can't come in" and "Yes there is always enough staff for what [person's name] needs ... We are always satisfied that there are enough carers for them."
- We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. The registered managers told us, and staff confirmed, when agency staff were required the provider booked the agency staff who were familiar to people and knew how to support people in their

preferred way.

- Safe recruitment processes were in place. Staff files contained information to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included employment histories, evidence of the applicant's identity and satisfactory disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were provided opportunities to be involved in recruitment and to provide feedback about candidates; following a values-based interview, successful candidates were invited to an activity at the home involving people, staff and relatives. For example, a pizza evening. One relative told us, "Staff are the same, the consistency in their staff has been phenomenal, it's been exactly the same."

Using medicines safely

- Medicines were administered in line with people's preferences by staff who knew people well. Staff followed systems and processes to safely administer, record and store medicines.
- People's medicines were reviewed by their GP to monitor the effects of medicines on their health and wellbeing.
- There were effective medicines systems in place for the administration, storage and record keeping in relation to medicines. The provider was supported by their pharmacy with external audits of their medicines processes and there had been no actions required following their last external audit.
- Staff were trained in medicines administration and their competencies were checked annually. Staff demonstrated their knowledge, training and competency relating to medicines during the inspection. For example, they were able to detail what action would be required depending on what level the blood sugars were, or what action to take if the medicines room temperature was outside the acceptable range.

Preventing and controlling infection; Visiting in care homes

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home employed a cleaner, was visually clean and cleaning schedules confirmed cleaning took place regularly.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to maintain contact with their family members and friends.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. A system was in place to record and monitor all incidents. This was overseen by the registered managers to ensure appropriate actions were taken to support people safely.
- The provider reviewed and analysed accidents and incidents to identify trends and patterns. Lessons learnt were shared with the staff team through effective communication. Such as in team meetings and supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support plans were holistic and reflected people's individualised preferences and support needs. They reflected a good understanding of people's needs with the relevant assessments in place, such as communication. We observed people and staff communicating effectively using people's preferred methods of communication in line with their care plan.
- People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly. One relative told us, "When [person's name] first went in and they were asking me every other week about different behaviours with [person's name], clearly we put it together as a team and I have never got to that situation where I thought I'm not being heard here."
- The provider had a robust assessment process in place to support new admissions to the service to ensure the service could fully meet people's needs and to ensure compatibility with the other people already living at the service.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff and felt they were well trained. Comments from relatives included, "I think that [registered manager's name] is open, that they have got a training centre now, away from the house as I understand it. I know that they have rooms upstairs or there is an office at the side, where they are always training, they are consistently training, they are always on the case with it. I can't fault that at all" and "I think they are all very well trained, they are informed about what they are doing and how to deal with problems if and when they arise."
- The registered managers were passionate about ensuring staff were suitably skilled and trained to meet people's complex and diverse needs. They had created a robust training and induction programme which ensured staff were fully supported to develop their knowledge and skills which also promoted consistency for people and ensured best practice. For example, they had introduced innovative training events. Such as a 'dignity day' training course. This was where staff experienced receiving support; such as having their teeth brushed, being hoisted and being a wheelchair user. People and relatives had also been invited to be involved.
- Staff were positive about the training they had received. They told us they felt confident and competent in supporting people with their individualised needs. One staff member told us, "It was very, very good ... When I started, they didn't let me do anything; they let me watch and enabled me to feel comfortable. I am very happy with how I started and how they gave me time to learn. They showed me and then got me to do it with them watching ... They were guiding me and letting me do it. It was a very hands-on experience, I really got to know [person's name] and how they wanted to be supported."

- Staff new to care were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff confirmed they had completed the Care Certificate.
- Staff told us they felt supported and confirmed they had regular supervisions and team meetings. When asked if they had supervisions and team meetings, comments from staff included, "I regularly have meetings with the registered manager and am always listened to and respected. I am never brushed off or ignored and that makes me feel valued", "We also have regular supervisions with the senior team where we are able to discuss how we feel in our role and make any changes necessary" and "At team meeting on [date] we reviewed some things we actually discussed a couple of months ago to see how they were now."
- The registered managers carried out regular observations and competencies with staff and used these to inform their feedback and guidance at supervisions and team meetings. They also told us how they worked alongside staff to demonstrate best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to input into choosing their food and planning their meals. Staff offered people opportunities to be involved in preparing and cooking their food and drink. One relative told us, "When it's lunchtime they say to [person's name], is it ham sandwiches or is it cheese on toast and it's lovely because they will go to the fridge and point to what it is. So, [person] does have choices." Another relative told us, "They do a weekly shop [person] can choose what they want."
- People could access drinks and snacks at any time. Staff knew people well and their likes and dislikes around food. People were supported in a person-centred way and care plans contained relevant details about people's dietary requirements and preferences.
- The registered managers and staff team understood the risks of poor nutrition and were aware of key indicators to be observant for. Staff attended nutrition awareness training and the provider had access to additional resources if required. Such as the nutrition team and dietician support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives confirmed they were supported to access healthcare services when they needed it. Comments from relatives included, "I am certainly kept informed of any changes, I attend some medical appointments with [person's name]. I don't attend the standard annual GP appointment, but they always report back to me as to what needs to be done, what is going to be happening. We work together as to where to go from there; I am fully informed and fully aware" and "They keep me up to date with [person's name] hospital appointments and I also get offered the choice if I'd like to be involved to go, otherwise they will see the appointment through. You can be involved as much or as little as you as you want to be."
- We saw from the care plans and daily records that a range of professionals were involved in providing additional care and support to people. People had very complex health needs and the provider worked effectively with other healthcare professionals to ensure positive outcomes for people. For example, the provider had developed and trained staff to be able to respond to early health indicators in people and proactively manage health conditions. This had resulted in less hospital admissions for people. One of the registered manager's told us, "The skill they have (staff) is greater than the staff in hospitals. We recently had a meeting with the clinical commissioning group to follow up that we will always have a staff member supporting people in hospital."
- People were referred to other professionals where appropriate. Such as GPs, consultants, specialist opticians and speech and language therapy. One relative told us, "They have done the wheelchair clinic and everything ... If I want them to take [person] to say the dentist, whatever, they will do that ... [person] sees the epilepsy consultant." Another relative told us, "There is certainly no problem with dentists, opticians,

podiatrist etc."

Adapting service, design, decoration to meet people's needs

- The home was purpose built to support people with complex needs and had been designed to optimise accessibility for people. The shared spaces had been designed to meet the needs of all the individuals living at the service. For example, all rooms on the ground floor had ceiling hoists which made the rooms fully accessible to people. There were wider doorways to fully support wheelchair users and the outside areas were accessible. One relative told us, "It is all ramped and accessible, we were out there at the weekend, it is fine there is a ramp [person] can get into the garden. They have a little goldfish pond out there, which they can go around."
- The design of the home maximised the choice people could have over the design and décor of their personal bedrooms. People confirmed they had been involved in decorating their rooms. One person told us about the new wall mounted TV they were getting and how they had planned the redesign of the layout of their room. Due to the ceiling hoists they were able to design their bedroom fully how they wanted it to be; they were not restricted in the layout at all. One relative told us, "When [person's name] went in there we were allowed to pick our colours and their room there is exactly the same as they have here."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's human rights were upheld by staff who supported them to have control over their own lives. We observed people making real choices in the structure of their day and the activities they took part in.
- Staff were clear about the need to seek consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. One staff member told us, "If on my own and refusing personal care, I would talk to them about their choice and what it means if they don't ... Always presume person has capacity and can decide things for themselves. To always have their consent, they can think for themselves."
- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, we saw some evidence of mental capacity assessments (MCA). However, we found these records had not always been fully completed. For example, some outcomes of assessments and decisions had not been recorded.
- The registered manager had identified prior to the inspection that the recording of MCA's and Best Interests were not as robust as they could have been. They had been in the process of seeking additional advice and guidance from external professionals about how best to ensure these records were as robust as possible and met people's individual needs. They assured us they would be prioritising the reviewing of MCA

and Best Interests documentation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were extremely passionate about providing care that was compassionate and provided the best outcomes for people. Staff looked at ways to enrich people's lives. One staff member told us, "Providing bespoke care that is tailored to our individuals, and ensuring they get the most out of life." For example, one relative told us about how their loved one had been supported to attend a firework display for the first time and how they had been fully involved. This had been initiated by the service.
- People were treated with kindness and people were observed to be exceptionally well cared for. One relative told us, "They are amazing ... staff went above and beyond ... the staff were just phenomenal. They gave [person's name] probably more that I could have as their mum, because in the night [person's name's] temperature started to rocket with Covid and their breathing became laboured. Now I wouldn't have had the equipment to have checked their pulse rate and to check their oxygen levels they did, and they got straight in touch with the doctors and then the hospital. I would not have known [person's name's] oxygen level was dropping, so they gave them round the clock care."
- We observed staff engage with people in a respectful and kind manner; dedicate time to people and support people to enjoy a pace that suited them. For example, we observed one staff member offer a person a choice and enabled them time and space to process the choices, waiting patiently for the person to respond when they were ready.
- Another example, we observed one person being supported with their medicines. The staff member explained to the person what each medicine was, what it was for and continuously observed their body language to check their wellbeing. They waited until the person made eye contact with them before each administration. One staff member told us, "It is important you explain what you are doing with them like giving medication and what type of medication."
- People and their relatives confirmed they felt staff were caring. Comments included, "Staff are kind and caring", "We don't have to sit here at night worrying, is [person] being treated okay, you know [person] is" and "The staff are more than caring, yes they are lovely, absolutely lovely."
- Relatives were consistently positive about the service and the care provided to people. Two people had been admitted to the service on an end of life pathway. Both people had thrived in the service and were no longer on those pathways. Another person, their relative told us they thought they had seen everything they would be able to achieve and had been really happy to see this was not the case. Comments from relatives included, "What happens here never happened when [person] went to school", "There is just so many opportunities, I get so many pictures continuously where F1 is doing different things, experiencing so many different things" and "They're outstanding, they really are ... moving [person's name] into that house was the best thing anyone could have done."

- Staff spoke about people with genuine interest and affection. Information about people's life history and preferences was recorded, which staff used to get to know people and to build positive relationships. Staff knew people and could describe people's likes, dislikes and interests. One staff member told us, "I look forward to coming to work, and am excited about giving our individuals the best experiences possible. I enjoy assisting our individuals to take part in activities both inside and outside the home, and helping them to overcome barriers that may face in their lives."
- People and their relatives confirmed staff knew people well. Comments from relatives included, "There is a core of staff that has been there since [person] moved in, they have a rapport and a relationship with [person]", "The staff know what they are doing with [person], they are kind of in tune with them now and they get [person]" and "With the new staff one of the high priorities seems to be you get a key worker and those workers work with that person and really get to know them ... It is a really nice atmosphere and a really nice way of running it."
- The service promoted equality for people. The provider was passionate about supporting people to access services and activities. They supported people to overcome barriers and thought outside the box to achieve this. One relative told us about the difficulty one person had experienced accessing support from a service. They told us, "I have to say that [Registered manager's name] has come to the sessions with us and has said that this is unacceptable, they are very good at that in providing back-up and support if and when you need it at certain sessions." A staff member told us, "The company is brilliant at advocating for the individuals and ensuring that they get all the medical, emotional and social support required. I feel they fight as hard for the individuals as they would for their own family member."
- A professional told us, "The service offered by Oakside is very professional, inclusive and caring. It is very client centred and offers the clients a full and active life ... The team are consistent, professional, approachable and caring. This allows them to really get to know the client's very well and this reflects the individualized care they can offer."

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff ensured people understood and controlled their treatment and support. One staff member told us, "We spend a lot of time each day talking with our individuals and ensuring they get the chance to discuss any thoughts they would like to share."
- Staff understood people's different communication support needs. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication.
- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses. One relative told us, "Once you understand [person] which they do, their little ways and how [person] is; their mannerisms as much as they can't do anything for themselves, they are fully compos mentis ... They treat [person] as a young adult; [person] is not being treated as an 8-year-old child, which is important to us and to [person's name] as [person] understands everything you say to them."
- The provider supported people to access appropriate assessments and tools to enhance their lives. In addition, they carried out their own research into new initiatives, technology advancements and approaches. For example, communication aids. One registered manager told us, "Our staff thrive on a new challenge and we would learn about anything we don't currently support."
- People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. People and their family members told us they felt listen to and valued. A relative told us, "We have review meetings on a regular basis which we attend. [Person's name] is involved in all of those meetings."

- The provider was passionate about promoting positive risk taking and worked with individuals, those important to them and appropriate professionals to implement effective risk assessments. They ensured they gained consent from people and involved people fully throughout the process. One relative told us, "They are very good at trying to get [person's name] involved with their care and make choices for themselves."

Respecting and promoting people's privacy, dignity and independence

- The service provided high quality, person centred care and people felt listened to. People were actively involved in formulating their own daily lives. We observed people were consistently in control of how they spent their time; what they wanted to do and when. Where people needed support to mobilise, we observed staff asking them where they wanted to go and getting people's permission before providing any hands-on support. A staff member told us, "Every member of staff knows to keep things confidential ... and to always let the person have their say and let their voice be heard."
- We observed staff were very respectful and mindful about being in people's home. The ethos of the provider was that staff were guests in people's home and this was reflected in how staff supported people. One relative told us, "It is always chilled, quiet and it is like going into someone's house, it's not like going to a residential home. It is like being in someone's house. Well it is their house, their home, it is not clinical and it's not like walking into a residential home or a nursing home or an old people's home or anything like that. It's like going round to visit your daughter in their home. We can walk in and we can make a cup of tea if you want one, in the kitchen, sit in the lounge and watch the television, chat with [person's name]."
- We observed people being fully involved and in control about what happened in the home. We observed people being kept updated about planned visitors and events and staff asking people's permission and agreement to ensure they were happy and that it worked for them. One relative told us, "The way the staff speak to them so respectfully as well ... the staff talk to [person] before they go into them even when I'm there. They say what they are going to do before they do anything even, so nothing is a surprise, nothing is a shock, it's just lovely the way they speak ... [person's] never left in their room. They are always brought into the situation, so there's lots of stimulation going on around as well. It's just a phenomenal place."
- People were supported to be respectful of each other's private spaces. We observed people confirming with each other that they could enter their personal spaces, such as bedrooms, and we observed a staff member gently reminding one person to do this. One relative told us, "They don't access [person's] room and [person] knows that they have to wait, you know, for [person's name] or [person's name] to invite them in. That is very reasonable because you know, that's their little space."
- The registered managers and staff team had a strong approach to providing individualised care, that promoted people's dignity. We saw staff treating people with respect. For example, we observed staff knocking and requesting permission to enter people's bedrooms and people were asked if they would like their bedroom doors open or closed and how they wanted to be supported with personal care. This gave them control of their dignity and how their personal care was provided.
- We observed staff were friendly and caring when supporting people. They ensured people had the time to express themselves, offered reassurance and actively promoted people's independence. Relatives confirmed people were supported to be as independent as possible. One relative told us, "Oh yes they do ... It is as much as you could provide ... They never exclude [person] in anything they find a way to do it. [Person] has been ice skating, for example, you know [person's name] in a wheelchair can't do anything, how the hell did you go ice skating, well, [person's name] goes ice skating and they do that with us, so it's fully inclusive."
- People were dressed smartly, people showed us their jewellery they liked to wear and their nails which they had been supported to have done. One relative told us, "It may seem a little thing to some people, but [person's] appearance is important to us. They have nice clothes, so they make sure [person] is well turned out ... You do see people in the street and I don't know where the clothes have come from, but it is no

excuse for dressing anyone with special needs inappropriately or with stuff that you think that needs a good wash ... [Person] is 23, they dress like a 23 year old."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service consistently met the needs of the people based on their wishes, enhancing their quality of life and well-being. Staff were exceptionally responsive and had excellent knowledge of people. This had resulted in positive outcomes and improved quality of lives for people. One relative told us, "They are wonderful. They give a really good service. [Person] just looks, so much better in themselves than they did before. [Person's] happy, their healthy. To me that's the most important thing, that [person's] healthy and when we first talked about this with the commissioning team, we were talking about end of life care, but we're not talking about end of life care at the moment, [person's] strong and [person's] healthy and [person's] happy and that's the difference in the 18 months that [person] has been there."
- The service had a strong emphasis on ensuring people felt empowered and valued. People's likes, dislikes and what was important to the person were recorded in person-centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. One staff member told us, "I don't necessarily forget about disabilities, but I have learnt about who they are, their likes and dislikes and what they like to do and see them first and then disabilities." Another staff member told us, "I support them with what they want to do, give them choices and support them with what they want, talking to them."
- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom which they could personalise and keep their personal belongings safe. People had access to shared spaces and there were options to be with others or on their own for privacy. The service's design, layout and furnishings supported people and fully met their individual needs.
- The service worked in a person-centred way to meet the needs of people with a learning disability and autistic people. They were aware of best practice and the principles of right support, right care, right culture and were ensuring that these principles were carried out. One staff member told us, "We also advocate for people with medical staff and other professionals to ensure that their wants and needs are being listened to by others who may not know them well enough to ensure good communication."
- Staff worked well with other services and professionals to prevent readmission or admission to hospital. For one person, they had experienced a significant reduction in hospital admissions following moving into this service. One professional told us, "The complex health needs of these clients are very well managed."
- People were supported to maintain links with those that are important to them. Family members and friends were encouraged to visit people in the home. One relative told us, "We have a daughter who lives with us and she can take her friends around there, or we can bring [person's name] here, they interact age appropriately, [person] loves it and it is the best thing ever for [person] ... My daughter takes her friends

round absolutely no limitation. We even take the dogs round." Another relative said, "We pop in and out frequently perhaps 2 or 3 times a week to see [person's name] ... there is absolutely no problem with that at all."

- The service ensured people were provided with activities that were relevant and meaningful to them and involved people's loved ones. For example, people had been supported to go paddle boarding and families had been invited along to participate and/or watch. One professional told us, "That is one of the pleasures of working with this team, in that you can see the difference this client group receive in the diverse range of activities offered to them ... They are proactive to ensure the clients have full, active and inclusive activities every day."
- The registered managers were passionate about supporting people to be able to access, experience and participate in activities inclusively. They promoted positive risk taking and innovative approaches to support people to achieve this and to provide people with meaningful outcomes. This had improved people's quality of life. For example, supporting wheelchair users to experience lying in the sand at the beach, rock-climbing, paddle boarding and ice skating. One relative told us, "[Person's name] is a social butterfly [person] loves being with people, [person] loves being out and [person] loves doing stuff, seeing [person] rock climbing is absolutely incredible, it is something I never thought I would see, but [person] has done it."
- The provider had implemented activity recording charts for occasions where people may not be able to fully express their views. They recorded people's reactions; body language and facial expressions. People were offered new activities a few times and records were used to identify if the activity was meaningful to the individual.
- People and relatives were extremely positive about the activities people were supported to do. Comments included, "They are doing kayaking and stuff like that with a member of staff, even I wouldn't go kayaking. Now you can see their expressions on their faces, they go zip wiring it's like there are no boundaries ... They are going to get round it to have that fulfilment just like what you and I can have", "When we bring [person] home, we think they are bored at home now because there's so much stuff for them to do" and "They go out every single day ... They take [person] out every day, there is so much in the plans ... there were fireworks, it was Halloween and there was [person's name's] birthday, [person's] even been on holiday this year with them for five days, they took them to Devon. There is just so many opportunities, I get so many pictures continuously where [person's name] is doing different things, experiencing so many different things."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met people's needs, including those with needs related to equality characteristics. Staff helped people with advocacy and cultural support. People's communication needs were always met. People had access to information in appropriate formats. We observed people being supported using their preferred communication methods. People were consistently involved in conversations and supported to participate.

Improving care quality in response to complaints or concerns

- The registered managers welcomed complaints, concerns and feedback to ensure people and their relatives were happy with their care and support.
- People and their relatives told us they felt comfortable to raise concerns if required. Comments from relatives included, "I've got a list of all contact details ... I could even go down the list knowing that my

concerns would work its way up to the person that it would need to resolve it", "We don't have any problems at all", "Never had to make a formal complaint" and "They were very quick in responding and sorting it out, it wasn't anything major. I also talk to the staff and managers on an ongoing basis, so any issues get picked up, I get e-mails and WhatsApp messages."

- The provider had a robust complaints policy and procedures in place. They had a clear process in place to investigate all complaints and learn lessons from the results. They told us any learning would be shared with the whole team and the wider organisation.

End of life care and support

- At the time of the inspection no one living in the service was receiving end of life care. The registered managers were aware of how to meet people's needs and wishes should end of life care be needed.
- Where appropriate, conversations took place with people about their preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- People's individual life choices and preferences were met. Relatives told us, "I have every confidence in their care and the way they look after my daughter", "It's about the service you know fitting [person's name], it is not about [person's name] having to adapt to the service" and "This is tailored to [person's name's] needs they know what [person] wants, needs and they do that."
- There was clear leadership and visions and values for the service, that ensured people were at the heart of everything they did. The registered managers led by example and people, their relatives and staff were consistently positive about the quality of the service.
- There was an open, honest, friendly and welcoming culture. Comments from relatives included, "It's lovely, it's calm, it's welcoming, it's just a lovely environment. It's not stressful, it's just got this amazing calmness and welcome, it would welcome anybody, from the door that was involved with [person's name]. As a parent, we've got everything that we could possibly wish for, for our daughter", "It is home from home", "The atmosphere is good" and "It's [person's name's] home and that is one of the key factors for us we are happy and comfortable with where [person] is."
- Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support. People were involved in regular meetings which ensured the service was acting on people's needs and wishes, ensuring good outcomes for them.
- Leaders had the skills, knowledge and experience to perform their roles and understood the service they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. Comments from staff included, "They are always there if I need something and if I don't understand something they will explain", "Our manager is brilliant at listening to concerns, and is very approachable" and "The leadership was one of the main factors in me switching to being a complex care worker. I had never seen such a well led service in my history of working in care. The support that they give their staff is outstanding, and the rapport they have with every one of the individuals is incredible."
- The provider understood and implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting maximised people's choice, control and Independence. Care was person-centred. The providers ethos, values and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives.
- The provider's vision and values focused on person-centeredness, being passionate about making a

difference to people's lives and ensuring positive outcomes for people. We observed staff understood and cared for people in a manner that was in keeping with these principles.

- During the inspection staff were relaxed, confident and engaged with people consistently. Staff knew and understood the provider's vision and values and how to apply them in the work of their team. One staff member told us, "Person-centred care; taking time every day with each individual to know what it is they want and need. Supporting them to live a fulfilling life and supporting to engage in meaningful activities."
- The registered managers promoted an open-door culture and we saw this in practice. People knew the registered managers and we observed warm interactions between the registered managers and people. Staff told us the registered managers were supportive and made themselves available to support people when required. We observed this during the inspection; when people approached the registered managers, they spent time with them responding to their requests and needs.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans and risk assessments to facilitate them in providing care to people the way they preferred. Where required, information was also reported externally.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available. The registered managers held regular and detailed team meetings. One staff member told us, "Team meetings are held every few weeks and we are all asked to attend. We often have separate meetings for the day and night teams, as well as whole staff meetings. If we are unable to attend in person, we are able to attend via Zoom or Teams. I find them very useful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- All the family members we spoke to told us that they had a positive relationship with the registered managers. Comments included, "We know the manager and oh, God yes they do listen, yes they do we have a great relationship. We talk all the time, we talk when we go round there, they are fully on board with us", "Totally approachable and if I have any concerns they will always act on it straight away" and "They listen and are approachable."
- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. One relative told us, "We do have meetings, yes. They also have social events, sometimes just for the parents, where we can express our views and talk about things. That's always a nice enough not so clinical business way, it's nice to go and sit and have a coffee and a chat with people and be able to express your opinion."
- Other comments from relatives included, "I can express my views, we will discuss them", "It's an open relationship, no one takes any offense. It is [person's name's] home, it's not an institution, it's not a hospital ward, and it's not a place where people are going to die" and "They ask for our views on things as well because they just want to get it right for [person's name]."
- There were systems and processes in place for monitoring the quality of care and used to plan improvements. Where issues were identified remedial action was taken.
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made to the quality and safety of the care provided. For example, during the inspection we found some of the temperature recordings were

outside the acceptable range and the quality assurance processes in place at the time of the inspection had not identified this. Following our feedback, the provider promptly updated their quality assurance processes to make them more robust.

- Staff told us they felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. Comments included, "I feel that the senior team and management would be completely supportive if I raised a safeguarding concern, and that action would be taken quickly to address it" and "I feel valued by both the management and the other care staff. My ideas and opinions are listened to and taken into consideration, and I'm supported in any way I need."
- Staff told us they were involved in developing the service and felt listened to. Staff confirmed they were able to make suggestions to improve the running of the service. One staff member told us, "We often make suggestions and come up with ideas that are listened to by the senior team. If they are unable to implement the suggestions, they always provide explanations and alternatives. We often brainstorm ideas as a team, and everyone is listened to and all ideas are considered."
- The provider was passionate about developing staff and ensuring their knowledge and skills were maintained, updated and promoted best practice. They had implemented various staff meetings, team leader team meetings and registered manager meetings to share best practice, trouble shoot and share ideas. They had also introduced themed sessions with staff where they focus on a specific theme and do a quiz on the topic. Such as on consent, dignity and meaningful activities.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's needs were met. For example, they had links with other resources and organisations in the community such as GPs, dieticians and community nurses.
- Feedback from professionals was positive. One professional told us, "I always feel confident when providing equipment and training that it will be taken on board and disseminated to the whole team and should there be any issues, that the team will come back to me. I also feel confident that the team will always come to me if anything changes for the client, which needs reviewing. I never feel like I have to chase the home, they are always proactive ... This service is one of the best I work with."