

Winslow Court Limited

195 Ashby Road

Inspection report

195 Ashby Road
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 21 May 2018. 195 Ashby Road is a residential care home for 10 young people with autism, learning disabilities and mental health issues. At the time of our inspection there were 8 people living there. The aim is to learn practical life skills and take part in a range of community and home based activities to enable a transition towards a more independent life.

195 Ashby Road 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. It is a house in a residential area with the accommodation arranged in three self-contained flats across three floors. It is located a short walk away from shopping and leisure facilities. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good in three domains and outstanding for responsive and well led. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

There was a strong focus on individual achievement and all staff were committed to helping the young people progress to achieve their goals and move towards more independence. They did this through careful and innovative planning with the person and others, including their families. People succeeded through consistent support from staff who had very clear guidance on how to approach this. People developed skills within the home and were also able to progress through education and leisure opportunities. They were encouraged and supported to learn to manage some of their behaviours which could harm them and others and this was very closely monitored. There was a strong ethos of learning from any incidents and reviewing people's support on a regular basis to ensure it still met their needs. Staff had an in depth understanding of people's diverse needs and were committed to enabling everyone to have equal access. This included having their voices heard and there was a lot of attention given to ensuring that people could understand information by adapting it to their needs to make it accessible.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager provided clear leadership to the staff team and they felt supported and trusted. There was a shared culture which put people at the centre of the service. There was a strong commitment to continual improvement and innovative approaches to measuring success and developing the service had been implemented. The whole staff team worked closely with other professionals and valued their input in assisting them to get good

outcomes for people. Governance systems were fully embedded and closely monitored and reviewed.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. Staffing levels were planned around individual need to keep people safe from harm. People were protected from the risk of harm and received their medicines safely. The risk of infection was controlled because the home was clean and hygienic. People were included in domestic tasks to develop independent living skills. Lessons were learnt from when things went wrong to avoid repetition and ensure positive outcomes for people.

The care that people received continued to be effective. 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. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were lots of opportunities for them to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way, including ensuring they maintained and developed important relationships.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

There were innovative approaches to planning people's care with them and their families. This led to good outcomes for people, through a consistent and focussed support. Other professionals praised the staff and commented on their person-centred approaches. They understood people's diverse needs and ensured there was equality in the care they received. People led active and interesting lives which assisted them to develop skills towards a more independent future. When complaints were received they were carefully reviewed to ensure that the service improved from the feedback.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding

Staff were proud of the service and shared a strong commitment to assist people to develop and reach their goals. There were innovative approaches to ensuring that each person's opinions and wishes were heard in the continued development of the service. Governance systems were embedded and all staff understood their responsibilities to contribute to them. There was strong leadership and other professionals report strong collaboration and good communication.

195 Ashby Road

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.

It was a comprehensive inspection which took place on 21 May 2018. The inspection visit was unannounced. It was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with two people and also observed the interactions between people and the staff who supported them in communal areas throughout the inspection visit. After the inspection spoke with four people's relatives on the telephone to gather their feedback on the quality of care received. We also received written feedback from three health and social care professionals who work closely with the people who live in the home.

We spoke with the registered manager, the area manager, two deputy managers and six care staff. The provider's quality manager also attended for some of the inspection. We reviewed care plans for five people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, and health and safety checks. We also looked at staff recruitment files for two staff. We reviewed the improvement plans and the daily monitoring records.

After the inspection the registered manager sent us information as requested; for example, we asked for copies of the care plans that they use to support people to assist us to review our evidence.

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One member of staff said, "We have had really good and informative safeguarding training and the safeguarding policy is also really clear. I have made some referrals and spoken with the safeguarding team for advice when needed." We saw there was information about how to raise concerns to keep people safe displayed in the home. This information had been adapted for some people to ensure that they could understand it; for example, using pictures instead of words. When safeguarding referrals were made there was clear documentation which demonstrated the outcomes of any investigations and actions put in place to protect people. Staff told us the registered manager had introduced a safeguarding concern system. They said, "It is for recording small concerns; for example, someone acting differently or saying something unusual. The registered manager is the safeguarding lead and they will look into the concern; in case it's a sign of something bigger." This demonstrated to us that protecting people was embedded in the service and there were systems to capture any small changes which may indicate a need to protect people.

Medicines were managed to ensure that people received them as prescribed. One person we spoke with said, "The staff always bring me my medicines, they look after them for me." Only staff who were trained and had their competency assessed were able to give medicines and these were usually senior members of staff. People had their medicines administered to meet their individual needs; for example, in liquid form. Some people had been prescribed medicines to be taken 'as required' to help to manage behaviours which could cause harm to themselves or others. We saw that there was very clear guidance in place for staff to understand when this should be given; including what other actions should be tried first. When people were administered this medicine two staff were required to sign it. One member of staff told us, "This is an additional safeguard to ensure that the person is protected and only given the medicine when needed." This was in line with national NHS guidance called STOMP which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. The medicines were stored, recorded and monitored to reduce the risks associated with them.

Risk was managed to protect people from harm. One person we spoke with said, "I feel safe here and trust staff to help me make the right decisions." When we spoke with staff they talked to us knowledgeably about the risk management systems that were in place. For example, there were clear plans to assist people to manage their behaviour and staff understood how to engage people and what to do if they became upset. In the PIR the provider told us, 'There are general, specialised and activity risks assessments completed and reviewed regularly'. We looked at records and saw that these were all in place and reviewed when needed.

Lessons were learnt when things went wrong and actions taken to reduce the risk. We saw that there were systems to record and review any incidents to look for patterns. The registered manager told us, "We review all incidents to look for any changes and consider actions we could take; for example, we work closely with other health and social care professionals to continually review people's care and support."

The environment was regularly checked to ensure that it was a safe place to live. The staff and people who lived at the home did some of the regular checks and we saw them completing daily reporting. The

registered manager told us that a full audit was completed by specialist staff from the provider's other locations and they completed some of the maintenance jobs.

People were supported to understand how to reduce the risk of infection within their home. The registered manager told us, "Staff support the people who live here to do the majority of the cleaning. It is an important part of the development of their life skills and independent living." The home had been rated four stars by the food standards agency, which is a good rating. The food standards agency is responsible for protecting public health in relation to food. The registered manager told us the actions they had taken after this rating to meet the action points which was to review and alter the infection control policy.

There were enough staff to ensure that people's needs were met safely. One person told us, "There are always staff around to help me." We saw that staffing was individually planned and that some people had more than one member of staff supporting them while others did some things independently. In the PIR, the provider told us, 'A new core staffing system has been introduced to ensure consistency of care and individual needs and preferences are met.' The registered manager told us that this was working well and staff we spoke with confirmed they were able to build up closer relationships with people through this approach. We saw that the provider followed recruitment procedures which included police checks and taking references to ensure that staff were safe to work with people.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty 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.

Staff understood the importance of ensuring that people consented to care and support. One person told us, "The staff support me. If I need to go to the doctor they will explain to me why it is important but it is up to me if I go." Some people didn't have the capacity to consent to some decisions and we saw that there were clear and detailed capacity assessments for each of these. The provider was committed to ensuring that decisions were made in people's best interests and we saw that for some people this meant there had been many meetings with families and other professionals to ensure that everyone agreed. Some people had DoLS in place and staff were knowledgeable about these and understood the principles of least restrictive practice. When DoLS had conditions, these had all been met and this information was readily available.

There were clear goals identified for each person through individual assessments. Staff were provided with information and training to meet these needs. When new people moved into the home with different needs the registered manager organised sessions with the person's health professionals to give them a better understanding; for example, in some mental health conditions. There was also additional information for staff to refer to.

The staff team worked effectively across organisations to ensure that people's needs were met. One professional told us, "I have always found the staff to be professional and they are always willing and eager to work with the multi-disciplinary team in the best interests of the people they support." Staff we spoke with had a good understanding of the other professionals involved in people's lives and what support they could offer them. For example, people had input from speech and language therapists to assist them to communicate. People were also supported to maintain their health through regular monitoring and checks ups. One relative told us, "If my relative needs something, for example, their medicines reviewed or their bloods checked, I know that the registered manager will sort it out." We reviewed records and saw that people had attended appointments as needed and future ones were booked.

People were supported by staff who were skilled and knowledgeable. One relative told us, "The staff supporting my relative are very good and have ample training." One member of staff said, "The training is really good. We had training in managing people's behaviours from one of the managers who is a qualified trainer and that was really helpful because they know the people so well". The provider told us in the PIR,

'Training is always classroom based, and often provided tailored to people's needs. It is supported by the registered manager and area manager if needed.' Every member of staff we spoke with told us that they had the training they needed to do their jobs well and that it was a good quality. This included staff who had champion and keyworker responsibilities. One member of staff confirmed, "We get comprehensive training for our roles; however, it is person specific".

There was also a comprehensive induction programme for new staff. One member of staff explained, "In the first week I spent time looking at care plans and in particular understanding people's behaviour support plans. I also did some training sessions in equality and diversity, safeguarding, and the Mental Capacity Act. In week two and three I did shadow shifts as well to learn from other staff and to get to know people. I am now working on the care certificate and my mentor has given me good advice about useful websites to help me." The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care. This demonstrated the provider was thorough in ensuring that staff were competent to fulfil their roles.

The environment was accessible and designed to meet people's needs. Each of the three flats were self-contained with its own kitchen and communal areas and people could prepare their own meals. There was a large shared garden which we saw people use throughout the day. For example, one person did some exercise and another sat in the shade and relaxed.

There was support for people to plan, shop for and prepare their own meals. The provider told us in the PIR, 'The meal menu is devised by the young people in the service with support from the food champion including three choices per evening and unlimited choice during breakfast, lunch and supper.' One person we spoke with said, "I enjoy making the salads and we have plenty of bar-be-ques when it is hot". Another person told us how they were being assisted to manage their diet with the aim of losing some weight. A member of staff said, "There are a few people who are trying to lose weight and so we are trialling them having their main meal at lunchtime when that fits in followed by a lighter meal in the evening". We saw that people's nutrition was monitored and when some people had a specialist diet all staff we spoke with had an understanding of this.

Is the service caring?

Our findings

People had caring, kind supportive relationships with the staff who supported them. One person told us, "All of the staff are kind to me." One relative said, "This is a good place for my relative to be. The staff are supportive but also good at motivating them." We saw staff chatting easily with people and spending time explaining things. Staff we spoke with knew people well and described them fondly; taking pride in their achievements. For example, one member of staff told us how they sang with the person they supported each day and that now the person calls them by a nickname from the song. Staff had a strong understanding of people's behaviours and were proactive in providing the support to ensure that they didn't become distressed; for example, some people were supported to go for a walk when they felt anxious.

People were involved in making choices about their care. We saw that staff consulted people about what they wanted to do and that they made choices. Some people demonstrated these choices non-verbally through signs or using objects of reference; for example, pointing at what they wanted. Some people's families were involved in assisting them to make their decisions. One relative said, "We work closely together. My relative works hard during the week and is learning lots of skills and then likes to come home for a rest and some pampering. They have the best of both worlds and it works well for them. Communication with the staff is good and we quickly resolve any concerns."

There were instances when the provider and people's families had different opinions and we saw that these were resolved through best interest meetings with other professionals and also using advocates to support people. An advocate is an independent person who helps people to express their views and wishes, and stands up for their rights. The registered manager explained how they tried to maintain good relationships throughout these periods. They said, "We try to be transparent and keep communication open; for example, by ensuring that people's relatives receive regular updates on their wellbeing and achievements". Most people who lived at 195 Ashby Road chose to share this with their relatives through monthly newsletters which had photos of activities and updates on their development. Some relatives had more regular feedback and this was individually arranged. This demonstrated to us that people were supported to make choices about their care and the home worked in partnerships with families to achieve this when appropriate.

Dignity and privacy were upheld for people to ensure that their rights were respected. We saw that some people spent time in their room and staff knocked on their doors if they needed them. When people required personal support this was done discreetly to protect their privacy. People had their own belongings in their home and each bedroom was personalised to the person's taste. One member of staff told us how one person had a very bare room at first but now was slowly adding more things to it. They said that this showed the person had learnt to manage previous issues and was feeling more at home.

There were arrangements in place for people to see family members and maintain and develop important friendships and relationships. For example, some people chose to attend regular social events with people from another of the provider's homes such as discos and parties. Relatives told us that they felt welcomed when they visited. One relative said, "It is great for me because I can pop in whenever I want to". Other

people's families lived further away and they told us of the arrangements they had in place to keep in touch. Another relative said, "I am able to speak with my relative daily through on-line calls on the computer."

Is the service responsive?

Our findings

Staff had an exceptional understanding of people's social and cultural diversity, values and beliefs and were innovative in providing care and support which met them. As 195 Ashby Road is a transition service for young people, care and support was planned to focus on outcomes for people which would improve their independence. For some people this included helping them to manage behaviours which could cause themselves or others harm. Each person has a positive behaviour plan in place which assisted staff to understand the triggers for the behaviour and what their response should be in order to diffuse the situation. On the provider's website they described the plans as a Red, Amber and Green scale, which is a holistic behaviour support plan. The Red scale gives consistent guidelines to support people with their behaviour. The Amber scale focuses on the person's stress factors. The Green scale focuses on those areas that make a person's life worth living.

Staff were extremely knowledgeable about each person's plans and could describe how they supported the person. One member of staff described one person's plan. They said, "It is really all about consistency. Some activities are very sensory for the person and all staff need to know where the boundaries are for them to not get over-stimulated which is a trigger." At times some people were restricted to prevent them harming themselves or others. This was carefully planned and staff had written guidance on the exact restrictions which were planned for each person. These plans were completed with the people's families and with input from other health and social care professionals to ensure they were the least restrictive option. The use of restriction through physical intervention was regularly reviewed and amended. Increased independence was also considered in line with people's medicines; some of which could have an adverse effect on people's ability to monitor their own feelings. The registered manager described how they had worked closely with other professionals to slowly reduce some medicines that people took and how as a consequence they had improved communication and were more willing to spend time with others.

Other people had plans in place to assist them to manage their own mental health to achieve their goals and increase their independence. They were supported by staff that were extremely knowledgeable about what was important to them. One member of staff we spoke with said, "The staff who work with [Name] have been able to build up trust with them. It is about believing in their abilities and having patience." The staff had kept a record of the person's achievements since they moved there and this included photographs and videos to assist the person to review their own progress. They had achieved many of their goals including increasing their independence by requiring less staff support to keep them safe. They were able to go to college in their local community and staff told us that they had engaged in classes and were often finished first. The registered manager told us, "All of the staff have worked so hard to help [Name] and we have seen that they are more content, able to participate in activities of their choice, prepare their own meals and have started to verbally express their wishes more. We have worked in partnership with their family to achieve a consistent approach"

Other professionals told us that the focus on providing person-centred care and support had achieved exceptional results for people. One professional said, "The staff are all person centred. They worked particularly well when one person was unwell last year the staff ensured their safety amidst lot of

challenges." A relative we spoke with said, "When [Name] moved in they were very agitated but they have been really good recently. The staff worked hard to keep them out of hospital." The registered manager told us about some of the actions they had taken to support this person and these included additional training from other professionals to understand their needs, providing additional staffing hours for the person to help to protect them and others and a closer monitoring and reporting system to ensure that all staff were aware of their current presentation on a very regular basis.

Professionals and the staff told us how other people had progressed and achieved great results. People who lived at the home all have complex difficulties and challenges and the registered manager had collated case studies of their progress. It was evident that people's health had improved; both physical and mental, people had shown improvements in self-managing their behaviour, people had engaged in learning in the home and the community and they had formed positive relationships.

The care and support required to achieve these goals had been carefully planned with people and included their families when appropriate and other professionals. In the PIR the provider stated, 'Transitional plans reflect individual goals and achievements including progression towards independence with a less restrictive life in an inclusive environment'. One person we spoke with showed us their plan. We saw that it had their 'SPICES,' these were social, physical, intellectual, cultural, emotional and spiritual goals. This was the person's copy of their plan and they were happy to talk to us about their goals; for example, they were supported to keep in contact with family using technology to video call or message. They had photos and pictures to make it accessible and fun for them to show their achievements; including a presentation of a best Disc Jockey award. The person told us, "This helps me to feel happy and I am proud of it."

There were also goals for moving towards more independent living; for example, goals around personal care or domestic jobs. There were different colour triangles to assist people to measure their progress against these and understand what they still needed to achieve. In addition, people had longer personal care plans and an abridged version called an express care plan which staff had access to in people's flats for daily support. These plans were detailed and gave clear guidance to staff of how to support people. One professional told us, "During the time I have worked alongside the home they have implemented a new process in their care and support planning, to ensure they ascertain clear focused outcomes for people. They relate to what is important 'to and for' the person; ensuring that they, professionals and family have been included and consulted in the decision making process. The outcomes are also easily measurable and can be demonstrated by evidence in other documentation."

There was also daily recording three times per day which was handed over to staff in a meeting and this information was used to alter care plans when required. We observed a handover session and found it to be extremely detailed and informative and ensured that staff starting work were aware of people's choices for the rest of the day. It was also an opportunity to reflect on the day so far. One professional confirmed, "If the staff identify something has not worked well, they will critically evaluate their practice and make any necessary amendments as required to achieve improvements."

When people were moving into the home there was a detailed and extensive assessment process to ensure that their needs could be met in line with maintaining the support to the other people who lived there. The registered manager told us, "We are currently assessing a young person who is still at school. It is in their best interest for the transition to be slow and we have agreed a plan. This includes staff visiting the person at school so that the person can become familiar with them. This will progress to coming for visits here and we are currently preparing their room for them so that it is ready when they come."

There were innovative communication systems in place to assist people to express their wishes. Some

people were unable to verbally communicate and staff were skilled and trained to understand their preferred communication methods. For example, staff told us how one person made a choice about their bed. They said that the person had a double bed on holiday last year and when they came home they started to use the sign for bed often. A double bed was bought to replace their single bed and staff reported how proud and pleased they were with it. When we visited the person invited us into their room to show it to us. Staff told us that previously, they had not placed such value on their belongings.

Other people had communication systems created for them. Some people had a personalised set of symbols for them to choose from; for example, what activity they wanted to do or how they were feeling. Other people used signs and staff told us that they had all received training in Makaton. Makaton uses signs, symbols and speech to help people communicate. One member of staff said, "The Makaton training was really good to help us to communicate with people. It is also really helpful that one of the staff here is particularly skilled in it because they can help us to understand people's individual and adapted sign language." Again, through a consistent approach and an excellent understanding of people's needs we saw that some people's communication skills were developing. One member of staff said, "We had speech professionals involved and we were using symbols to help [Name] to express feelings and to make choices. However, now we can just ask a simple question such as 'Do you want the bus or train' and they will choose verbally. We are also working on verbal skills; for example, starting a sentence and [Name] completes it." Staff also had a good understanding of behaviours and recognised that they were often a means of communication. For example, one member of staff was able to describe how one person's behaviours meant 'No'. They told us how they would understand what the person was trying to tell them and ensure that other options were available.

Staff understood different people's needs and ensured that they took this into account when planning support so that everyone had equal opportunities to participate. One member of staff had been given a champion role to promote people's welfare and advocate on their behalf. They told us, "Everyone has their voice and opinions. We have a range of people; some like a good chat and others have limited verbal communication. However, all of them work really hard to ensure that we hear their opinion. It is our duty to understand that and share it on their behalf." They gave us an example of supporting people to express their feelings when they were unhappy about a situation. They said, "One person had a tool to assist them to share their feelings by pointing at a symbol which showed different emotions. Another person was encouraged to write down how they were feeling. This was done privately to protect people's confidentiality and helped us to understand the issue and implement changes to sort it out."

Without exception staff were confidently able to describe people's social and cultural beliefs and preferences. All staff understood people's differing religious beliefs; they were knowledgeable about the religion but had also worked closely to plan people's support with their families to ensure that they were participating in the religion in a manner that was appropriate for them. For example, one person followed some aspects of their religion but did not actively worship. They also chose to participate in celebrations of different religions; for example, at Christmas and Diwali. People's sexuality had been considered with them and some people were supported in their relationships. Some staff had champion roles in equality and diversity. One member of staff told us, "We have explored different cultures with people through pictures and stories. They particularly like it when we sample different foods. We are starting to look at different sexualities with people and we are doing that through family trees. This will help them to understand the different structures that families can have. We will also have some speakers who will describe their lives."

People had regular house meetings to discuss what was important to them as well as raising any concerns. One member of staff told us, "At every meeting we discuss 'What keeps us safe' and we remind people about safeguarding and how to complain." We saw that information from these meetings was shared with people

in line with the Accessible Information Standard (AIS). This states that providers should take account of any communication difficulty or disability when sharing information with the people they support. We saw that staff had taken a creative approach to meeting and surpassing this standard and ensuring that information was correct for each individual. There was a range of formats prepared; some people had written minutes, some people had a combination of words and symbols, others had symbols only and lastly some people had pictures. For example, a range of these methods were used to assist people to decide how the budget for garden furniture could be spent.

People had allocated keyworkers to assist them to plan their care and to give them time to talk about any concerns. A keyworker is a named member of staff who takes additional responsibility for an individual and maintains contact with their families if they want them to. Staff told us that their keyworker duties included planning the person's activities in the week with them. One person we spoke with said, "It is great living here because there is so much to do." One relative told us, "[Name] has said to me that they don't need to join any more clubs as there is so much to do every day. They told me they felt really lucky to live at the home." Another relative said, "Our relative has progressed a long way. They are enjoying going to college. We had an annual review recently and we were really pleased with how well they are doing." People were encouraged and supported to use community facilities such as libraries, public transport, cafes etc. They were also supported to access groups in the community which were not solely for people with difficulties or disabilities to ensure that they could develop other friendships and support networks. One person told us, "I enjoy going to a writing group and meeting people who have lots of different experiences that they can share." There were also activities planned with the provider's other home so that people could work together jointly on projects and socialise with different people in a safe environment. One person told us, "I am really looking forward to the fashion show in the summer."

People were also engaged in their home. We saw that they had computers for writing or playing games. Other people were enjoying craft activities. There was a garden room that some people could sit in to undertake these activities and we saw that this meant that they could have some time on their own independently; while staff stayed nearby to ensure theirs and others safety. This adaptation meant that they could experience some independence within a supportive and safe environment. There were other facilities in the garden that people had chosen for relaxation including a pool and swings. One member of staff said, "People love being out here. We had a really fun water fight the other day and we love barbeques."

Holidays were arranged each year and people told us how much they enjoyed them. We spoke with one member of staff who explained, "Going on holiday was a new thing for some people who live here because consistency and routine can be very important. The first year we went to an autism friendly place and most people only spent one night there. Last year we hired a cottage in Wales and people spent longer there. We do a lot of preparation with people and adapt it so that they can understand it; for example, photos of where we are going and activities they could choose. Everybody enjoyed them so much and this year people have requested different holidays; for example, some want to go to centre parcs and others want to go on an airplane. I never thought that would happen and we are all proud and delighted."

People understood how to complain and each person had an individualised complaints information in their room to remind them. One person told us, "I did write a letter to complain once. I had a meeting to talk about why I was upset. It was good to do it and I have not needed to since." Another person told us, "I would speak to my social worker or to the manager if I wanted to complain but I don't think I will need to."

When complaints were received they were thoroughly investigated and improvements were made as a consequence. For example, a complaint received about noise causing an impact on other people who lived in the neighbourhood led to a review of staff guidance in supporting people safely when they were

distressed. To ensure that everybody's opinion and wishes were heard the registered manager arranged for some of the issues to be discussed as a best interest meeting. This meant that professionals and families and advocates could all work together to resolve the concern and agree on a new action moving forward which was acceptable to everyone.

At the time of our inspection there was no one receiving end of life care. However, we did discuss this with the registered manager and they told us that there had recently been a new policy introduced around supporting young people to consider end of life wishes which they would refer to if it became necessary.

Is the service well-led?

Our findings

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. There was a registered manager in post and we found that they demonstrated leadership skills to ensure that the values of the service were embedded in all aspects of it.

People were at the heart of the service. Without exception, the values of staff were based around the individual needs of people who used the service, promoting their independence and skills development, consistency of care, and reflecting on performance to improve the service. Staff consistently demonstrated their understanding and application of the values in their work with people. In addition, every person received a document, called the Statement of Purpose, which outlined what people should expect to receive from the provider in terms of quality of care and service. This was made accessible for each person's needs; for example, some people had photographs, others symbols and some received a written copy.

All the staff we spoke with shared enthusiasm and pride for the work they had done alongside people to assist them to achieve their goals. One member of staff said, "It is a pleasure to do my job and I feel fulfilled. I go to work with a smile on my face." Another member of staff said, "I haven't done this work before and I am so glad that I have now. I love working with the people and seeing their achievements." Staff told us they worked well together and explained how they worked in three teams. One member of staff said, "Each team does the same shifts each week and we have our own team leader. It means we build up trust and we are really open with each other and supportive." The registered manager also explained how people had core staff in this arrangement. They said, "Each person has a few core staff who work with them regularly and this helps them to build their relationship and understand what is really important to them."

Champion roles had been embedded to drive improvement and develop staff skills. These roles had motivated people and staff to get involved and develop their understanding; for example, in house meetings. There were other champion roles which assisted in driving improvement and developing the service. There was a medicines champion who worked across both of the provider's residential homes. When we reviewed medicines with staff they confidently told us how they would report any discrepancy, for example, in recording, to the medicines champion. The champion reviewed these reports and gave feedback to staff and managers about required improvements. They were also available for guidance about medicines and to train new staff to ensure that was a good understanding and a consistent approach.

There was an innovative approach to enabling staff to develop their skills to fulfil these roles, as well as keyworker and management roles. Each member of staff had an allocation of a self-managed hour that they could use flexibly for planning, liaising with colleagues or independent learning. One member of staff said, "I have used some for planning people's holidays; researching what is available in the locality and putting together information for people so they can prepare themselves." Another member of staff discussed external training that they were doing which facilitated their role and had been agreed with the registered manager. Other staff told us they were organising group supervisions; where small teams of staff could meet

to discuss topics and reflect on their practice.

All staff told us that they received regular supervisions and that these were informative and supported them to do their jobs well. They included a learning element where staff were asked to review a policy or procedure to ensure they understood it and to give any feedback to managers if it needed reviewing. This demonstrated that staff were included in the development and improvement of the governance of the home. One member of staff told us, "The supervisions are much better now. We work through a booklet which gets us to think about what we did well, what we would do differently and what support we need. We also get some homework; for example, we recently looked at the CQC key lines of enquiry and were each asked to think about how we met them." The registered manager told us, "It is also good to use the reflective practice away from supervision sometimes, so that incidents can be immediately reviewed and learning from them put in place."

Learning from concerns and incidents was a key contributor to continuous improvement. One professional we spoke with said, "The team practice with transparency when working with others, in their reflections of their practice and direct work with the person. If they identify something has not worked well, they will critically evaluate their practice and make any necessary amendments required to achieve improvements." The team at 195 Ashby Road had recently taken part in a pilot for an online tool for recording and measuring behavioural interventions in line with people's positive behaviour support plans. We saw that this enabled them to assess the incident; when it had happened, what the environment was like, what staff were supporting the person, what time of day it occurred and much more. The registered manager explained that this had helped them to make changes to try to assist people; for example, changing the times of activities or trying different staff with people. They also said, "As soon as we log an incident on line it automatically updates our plans meaning that staff have up to date and accurate information almost immediately."

The provider had been awarded a centre of excellence by the company NAPPI, which stands for Non-abusive Psychological and Physical Intervention for its work on Positive Behaviour Support. The feedback received by 195 Ashby Road about the pilot stated, 'The population of behaviour scales is extremely good and consistent'. The registered manager told us that they were being used as a case study for the roll out of the tool. This demonstrated to us that their good practice would be used for other services to learn from.

There were further examples where technology was assisting the service to continuously improve. We saw that daily recording was available to staff on computer tablets which were easily accessible. Each member of staff input information about the people they were supporting on a daily audit, this included; finance, medicines, activities and mood. The team leaders and deputy managers then completed it for the whole shift and this informed the handover. The registered manager told us, "I can access this drive at any time to check how things are. If people are in crisis or having a difficult time we may increase the reporting to keep them and others safe. I am emailed it three times a day." We saw staff completing it throughout the day and they were all clear about the purpose and the importance of it being accurate and detailed. The registered manager used this information to produce monthly reports for the area and quality managers.

This embedding of strong and easily accessible governance systems was then reviewed and audited. In the PIR the provider told us, 'A monthly report is sent to the Quality Improvement Manager. We do yearly quality assurance questionnaires and produce an action plan. Three monthly inspections from the quality officer are also completed with action plans attached. Random monitoring visits are completed by the Chief Operations Officer. We add actions from these on to our quality improvement plan'. We saw that all of these were in place, that they were thorough and detailed with clear actions in place. For example, the PIR was completed in January 2018 and contained actions that the registered manager hoped to complete. For example, 'In response to recent training completed by the registered manager it is felt that the service would

benefit from having clear case study evidence which demonstrates how the service has been able to adapt and meet the specific needs to challenges which have arisen.' When we inspected four months later we saw that these had been produced and clearly demonstrated the challenges that the team had managed in order to help people to achieve their goals. Also, a second action point was, 'As part of feedback from a recent leaver, it is felt that the service would benefit from more group supervisions with the team leaders'. Again, we saw that these had been implemented and staff reported the positive impact they had already had. One member of staff said, "Having those meetings has really helped us to think more about how we can improve consistency and act as one team."

All of the people we spoke with and their relatives told us that the registered manager was approachable and proactive in listening and resolving any issues. One person told us, "They are great and I can talk to them about anything, any time I want." A relative told us, "I can speak with the manager or the area manager; they are very approachable and have my relative's best interests as their focus." Staff told us they were encouraged to develop and excel in their roles. One member of staff said, "I sit down with the registered manager once a month to set something we would like accomplished through my champion role. We have long conversations about how it is going all the time but they also let me get on with it; I am entirely confident that they wouldn't let me go wrong." Another member of staff told us that since undertaking a management role they had completed training in managing grievances and disciplinary action. . They said, "The training was really good and made me feel prepared for my new role." In the PIR the provider also told us how their recruitment process was robust to ensure that they did not discriminate against any protected characteristics and the adjustments they had implemented for some staff. This was reviewed though the audit process.

The service had a systematic approach to working with other organisations to improve outcomes for people who lived at the home. We saw strong relationships with community specialist teams on an ongoing basis and also for intensive support when people were having difficult times. One professional told us, "The management team has demonstrated effective communication skills within our professional relationship, and they demonstrate a strength and resilience through difficult and complex situations, with the people's wellbeing paramount to their decision making." Another professional stated, "Managers and staff have always sought professional advice and support when needed and have always engaged with implementing strategies recommended by our team. The managers have taken the opportunity to support staff with relevant training to enhance the care they provide." The management team also demonstrated that they listened to people's relatives and the insight and understanding that they had. One member of staff told us, "One of [Name]'s parents delivered some training for us about their specialist diet and the research they had done to understand it. It really helped us to value why it was important and to support the person."

The registered manager told us about the support they received from the provider. Since the area manager's post had been created there had been a focus on assessing the strengths of both of the provider's residential homes and sharing best practice to devise a consistent approach. The registered manager told us they met as a leadership team and challenged themselves to continually improve; for example, during sessions entitled 'What makes us outstanding'. They said, "We all work well together and have a common goal to ensure that the systems in place are effective in ensuring we give people the best opportunities to progress." They told us of the challenge in ensuring all people at 195 Ashby Road. had their voice heard. They had created additional roles and provided training to ensure that meetings in the home were inclusive to everyone and that there was equal attention given to each person's opinions and not just those who could verbally communicate. We saw that this had been effective in helping people to understand how to keep themselves and others safe. This made it a better environment for everyone and improved people's prospects of continuing to achieve their goals. Implementing systems such as the behaviour monitoring tool was also an innovative way to hear peoples 'voice'; because unpicking their

behaviour to understand what was causing them to become anxious assisted the managers to make changes to the care and support they received.

There was a very strong ambition in the management team and all of the staff to continuously improve the service. We saw that this was evident in the achievements of people living at the home and their transition into more independence. One member of staff told us, "Two years ago it was often really stressful here. Now, things are much calmer and people's behaviours have really reduced. I think that is because of consistency, we are a stronger team supported by improved training and there is a lot more structure in place."

The registered manager understood the responsibilities of their registration with us and ensured that we received the required notifications of incidents so that we could ensure that action had been taken. When people were in crisis and there may be a lot of intervention and possibly notifications, the registered manager always communicated with us to ensure we were aware of the situation and all of the action taken. The previous inspection rating was displayed in the home and on the website in line with our regulations.