

Broadham Care Limited Ranworth House

Inspection report

1 Prideaux Road Eastbourne East Sussex BN21 2NW

Tel: 01323644860 Website: www.elysiumhealthcare.co.uk

Ratings

Overall rating for this service

Date of inspection visit: 11 December 2018

Date of publication: 13 March 2019

Outstanding ☆

Is the service safe?	Good
Is the service effective?	Outstanding 🛱
Is the service caring?	Outstanding 🛱
Is the service responsive?	Good 🔍
Is the service well-led?	Outstanding 🛱

Summary of findings

Overall summary

About the service: Ranworth House is a residential care home. The home is registered for up to nine people living with a learning disability, complex needs and autism. There were nine people living at the home at the time of inspection, both young men and women. People had access to two communal lounges, a dining area, kitchen and sensory room. People had their own personalised rooms with ensuites.

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

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focussed on them having as many opportunities as possible for them to gain new skills and become more independent.

People living at the home benefited from outstanding care and support in a safe environment. There was a truly person-centred approach to the support people received. Staff had excellent knowledge and skills in supporting young people with a learning disability and saw people as individuals. Staff ensured people received a safe service where they were supported to take positive risks to develop their skills and broaden their horizons.

Relatives and healthcare professionals consistently told us people were treated with exceptional kindness, compassion and respect. We received overwhelmingly positive feedback on how staff were supportive and went the extra mile to get care and support just right for people. A relative told us, "staff are extremely kind, when I pick him up he and the others are always happy, staff really know his needs well."

People were given choice and control over their lives which promoted their independence. A relative told us, "They do so many things to support people, like I have never seen before. There are no barriers for my daughter, she does all the things she likes." Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. Staff were particularly good at noticing very subtle changes to people's health and mood and acted quickly to ensure their health needs were met.

People had access to a variety of stimulating activities tailored to their personal interests. Staff recognised the importance of people leading their activities to get the most from opportunities. Staff took positive risks, and thought creatively, to ensure people could do what they wanted to and put strategies in place to overcome any barriers to accessing activities and new opportunities.

Staff were motivated by, and proud of, the service. One staff member said, "I am very proud of how the service users have developed and how we have bought out the best in them by really listening and understanding their needs." Staff were, without exception, positive about all aspects of the service. There was a particularly strong emphasis on continuous improvement with staff gaining additional qualifications and knowledge to better support good outcomes for people. The leadership of the home was exceptional

and the registered manager was focused on delivering high quality person centred care and continuously driving improvements at the home to broaden people's life experiences.

Further information is in the full report.

Rating at last inspection: Outstanding (The last report was published on 2 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The rating for the home remains Outstanding and the key question, Well-Led has improved to Outstanding.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Outstanding.

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?	Outstanding 🛱
The service was exceptionally 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?	Good •
The service was responsive	
Details are in our Responsive findings below.	
Is the service well-led?	Outstanding 🛱
The service had improved to be exceptionally well-led	
Details are in our Well-Led findings below.	



Ranworth House

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was completed by one inspector.

Service and service type: Ranworth House is a residential care home providing accommodation and personal care for young people living with a learning disability or autism. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because it is a small home and staff and people were often out. We needed to be sure that they would be in.

What we did: Before the inspection we used information the provider sent us in the Provider Information Return. (PIR) 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we spoke with the registered manager, compliance director, four members of staff, four relatives and one person who lived at the home. We completed observations in communal areas, due to the nature of people's needs, we were not able to ask everyone direct questions, but we did observe people as they engaged with their day-to-day tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of

people who could not talk with us.

We pathway tracked the care of four people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including; accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records. We also observed people's medicines being administered.

After the inspection we spoke with two healthcare professionals to gain their feedback of the home. We asked the registered manager to send us additional information relating to minutes from staff meetings. They provided this within the requested timeframe.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met. Relatives felt that their loved ones were safe living at the home. A relative told, "He is very safe, the environment is secure and well looked after. Anytime he has been ill they have been quick to notice and look after him."

Safeguarding systems and processes

• Staff continued to have a good understanding of safeguarding and there were systems and processes in place to protect people from the risk of harm.

• Our observations showed that people felt comfortable with staff and had built trusting relationships with them. A relative told us, "my son is very safe at Ranworth. He is always happy to be there and to go back when he has visited home so I know he feels safe."

Assessing risk, safety monitoring and management

• Risks to people continued to be assessed and safely managed. People were supported to take positive risks. Staff had a flexible approach to risk management which ensured good outcomes for people.

• One person was living with epilepsy which had a significant impact on their life. They expressed a wish to go to a theme park as they had always wanted to go on a ride. Staff completed detailed risk assessments before the trip and ensured measures were in place to mitigate any risks relating to the persons epilepsy to ensure they could go and enjoy themselves in a safe way.

• Risk assessments relating to the environment were in place. This included personal evacuation plans in case of fire. These plans were person centred to ensure staff and emergency services had accurate information to support people safely.

Staffing levels

• Staffing levels remained appropriate to support people's assessed needs. We observed staff to be freely spending time with people in communal areas and to go out with people as they wished.

• Staffing was managed well and the team were coordinated to meet the changing needs of people. A member of staff told us, "We work together very well and ensure that we are flexible when working to enable people to do activities they wish to do."

• Recruitment processes continued to be robust and ensured staff were safe to work with people before they started work at the home. People were involved in the recruitment process and met potential new staff during their interview.

Using medicines safely

•Medicines continued to be safely managed. A relative told us, "They manage his medicines exceptionally well and tailor how they do this to meet his needs so he can take them in a way he likes to." There were effective systems in place for ordering, administering and monitoring medicines.

• Staff were trained and had their competency assessed before they administered medicines. A health care professional told us, "Staff understand people's medicines particularly well and are on the ball in making sure they have the medicines they need."

• We observed a member of staff give people time to take their medicines and were respectful in how they supported them. There was guidance in place to show how people liked to take their medicines and the member of staff knew and followed this.

• Staff ensured they promoted people's independence with their medicines, where possible. One person was supported to self-medicate. Their care plan was detailed and gave staff effective guidance to support the person safely.

Preventing and controlling infection

• People were cared for in a clean and hygienic environment. Staff had training in infection control and information was readily available in relation to cleaning products and processes. We observed staff use personal protective equipment (PPE) such as gloves during the inspection.

Learning lessons when things go wrong

• Accident and incidents continued to be managed safely and lessons learned to improve the care people received. Incident reports were analysed by the registered manager to reduce the risk of a similar incident happening again.

• The registered manager noticed one person was experiencing increased incidents of anxiety when going shopping in the afternoon. They worked with a social care professional to develop strategies to reduce the number of incidents for the person. Routines were changed so that the person is now supported by staff to go shopping in the morning, which has significantly reduced their anxiety.

Is the service effective?

Our findings

People's outcomes were consistently better than expected compared to similar services. Relative's and professionals feedback described the care people received as exceptional and distinctive.

Staff skills, knowledge and experience

• People continued to receive exceptional care due to staff being exceedingly competent, knowledgeable and skilled to effectively support people. A relative told us, "The staff are very professional and I believe that is because they are well trained."

• People's care had greatly benefitted from the registered manager's dedicated focus on training and development of staff. For example, staff undertook specialist positive behaviour training which was bespoke to the people living at the home. This allowed staff to use real life examples to understand people's behavioural needs in detail and create positive strategies specifically designed for them.

• This lead to a person being supported to undertake safety checks on the home's car. Staff knew that the person had a real passion for cars so supported them to undertake these checks, to see if this had a positive effect on their behaviour. Staff completed surveys of the person's behaviour after the task which showed this activity had an extremely positive impact on them.

- Staff received a comprehensive and supportive induction which was tailored to their development needs with a focus on ensuring they were fully immersed in the home. A member of staff told us, "My induction was very good. The process helped me understand people's needs."
- Staff continued to be very supported in their roles and received regular supervision and appraisal. The registered manager told us, "We nurture and develop staff to do their best and to do more in-depth training we support staff by having time off to do courses."
- A member of told us, "We have regular supervision which is a real opportunity for us to discuss what is going well and areas to develop. The manager is really keen for us to progress and develop and always supports this."

• Senior carers attended intermediate courses in medicines and epilepsy awareness. This had a positive impact for people living with epilepsy as their care had been strengthened by staff's in-depth knowledge of their condition. Senior staff conveyed their learning for other staff, who in turn, had access to exceptional guidance to support people.

• Many people at the home were living with Autism, the registered manager sourced intermediate autism awareness training for all staff. A member of staff told us, "The autism training really helped with my communications skills and understanding of how to help people. It really opened my eyes to their experiences and how we can make their lives better."

• Staff had been supported to develop their practice through a variety of external courses. The provider supported some staff who expressed a wish to progress their carer's, to undertake a management NVQ. This had a positive impact for people and staff as senior carer's and the management team and excellent leadership skills.

Supporting people to eat and drink enough with choice in a balanced diet

• Staff continued to have an excellent knowledge of people's individual dietary needs, their likes and dislikes.

• One person used to find it very difficult to make advanced choices about food, which would cause them anxiety at meal times. Staff supported the persons communication needs and they now make advanced decisions by looking at photos of foods they like. This has given them a sense of control over decisions they make.

• Staff thought creatively about ensuring people had access to food they liked whilst experiencing new meals to vary their diet. One person had been assessed has having extensive sensory needs. Staff supported the person to eat snacks of different textures and flavours to give them new taste experiences.

• A member of staff told us, "we create sensory activities to introduce new experiences and tastes to his life. This has really supported him to try new foods and supported his independence". Due to the success of this staff have further supported the person with other sensory activities such as feeling different textures. This had greatly improved their fine motor skills and confidence to try new things.

• Staff work exceptionally well with healthcare professionals when people had specific needs relating to their diet. For example, one person was at risk of choking. Not only had staff thought about types of food that would be appropriate they did a detailed analysis of the supported the person needed to eat safely. This supported staff to deliver more targeted, personalised support. Staff now ensured the person had access to a quiet environment and was seated near a door should the wish to leave the room.

Supporting people to live healthier lives, access healthcare services and support

• Staff continued to be exceptionally skilled at identifying when people required healthcare support. A relative told us, "They manage his health and epilepsy exceptionally well. They keep me informed of any seizures, take him to appointments and manage his medicines very well."

• One person experienced a great deal of anxiety about going to the chiropodist. Staff supported the person, over several weeks, to attend the chiropodists office to get them used to the environment and to build a relationship with the chiropodist. The person now attends regularly and has no anxiety about the treatment.

- A healthcare professional described how staff really took time to support the person to become at ease with the environment. The professional told us, "Staff understood their needs exceptionally well and all were focussed on supporting them in the right way to have their treatment, at the person's pace."
- Staff were empowered to become champions in areas of care they excelled at to improve both people's physical and mental health. For example, two members of staff were dignity in care champions. This had a positive impact for people living at the home as staff had a key focus on promoting their diversity and used their knowledge to upskill other staff.
- The registered manager proactively ensured they understood people's health needs by using assessment tools such as, the Cardiff Heath Check. This tool screens for health issues for people with learning disabilities. Staff have used this information to further develop people's 'hospital passports'. These passports support hospital staff to understand people's needs and preferences.

• Staff also used the disability distress assessment tool (DISDAT). This tool allowed staff to assess if people with limited communication were experiencing pain or distress. This was used for all people and the results fed into people's care plans so staff had personalised guidance to support people if they felt discomfort.

Staff providing consistent, effective, timely care within and across organisations

• Staff worked extremely well within their team and across organisations to ensure people received care in a timely way. We observed staff to talk professionally with each other about the support people required, they showed a distinct empathy and understanding of people in how they spoke about them.

• Staff worked exceptionally well with other professionals during times of transition for people. For example, one person was experiencing a transitional time of their life. Staff identified this early on due to recognising subtle changes in their behaviour and mood.

• Healthcare professionals spoke highly of the professionalism of all the staff at the home. A healthcare professional said, "I find the staff exceptionally professional and they make a fantastic team. I work with other home and they are by far the best because of the rapport and relationships they have with people."

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

• People's individual needs and wishes had been met by the decoration of the premises, and adaptions and designs had been carefully considered to promote people's wellbeing.

• People were always involved in making decisions about the interior of the home. People were consulted in decisions to choose new furnishings in the lounge areas. Staff used mood boards as a pictorial aid to help people make decisions on colours and textures of fabrics.

• The provider had really thought about the use of space and included a dedicated sensory room. A member of staff told us, "This space really allows people time to relax in a quiet environment. Some people really benefit from sensory activities and having a dedicated space really supports their quality of life."

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

• The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff had a good understanding of the principles of MCA. The MCA process involved a multi-disciplinary team to ensure any decisions were made in people's best interest.
- Staff were proactive in ensuring people had opportunities to express their wishes and used a variety of communication tools to achieve this.
- Staff implemented objects of reference, as they found this really suited a person's communication style. This allowed them to have control over their life and make daily decisions. We saw the person being shown their coat and staff waited to see if they took it. They did and staff quickly respected their wishes and supported them to go out.
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

• Staff had a good understanding of individual DoLS and what this meant for people living at the home. The registered manager had full oversight of the process which provided the assurance they were supporting people appropriately.

• People continued to be asked consent before being supported. We observed staff asking people what they would like to do before assisting them to do it.

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

• The registered manager and staff clearly recognised that person centred care assessment was fundamental to good outcomes for people. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. This approach was instilled at a person's initial assessment prior to moving into the home.

• Protected characteristics under the Equality Act (2010), such as disability, sexual orientation and religion

were considered as part of people's initial assessment, if people wished to discuss these. For example, people's needs in relation to their learning disability were assessed and individualised support tailored using that information. This demonstrated that people's diversity was central to the assessment process.

Is the service caring?

Our findings

People continued to be truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

• There was a strong and visible person-centred culture at the home where staff were motivated to provide people with support that was exceptionally compassionate and kind. It was clear that staff wanted to help people achieve the best quality of life possible.

• Staff had a flexible approach to their working hours so people could have experiences that broadened their horizons. If people wanted to go out for evening meals or to the pub staff were flexible with their hours to meet this need.

• One person wanted to go for a trip to London, staff worked outside their hours to ensure this could happen. In addition to this staff had been excellently matched to support people based on their personalities and shared interests.

• Relatives and health care professionals enthused about how staff were consistently compassionate. One relative told us, "Staff are very kind and caring, they are always happy, jolly and upbeat. They go about their work with a smile." Another relative said, "Staff are very kind, in fact exceptionally kind. This is more than just a job to them, I feel staff have genuine regard for my son's welfare and happiness."

• Staff recognised that they were supporting young people and spent time to help them explore their sense of identity and their sexual needs. Staff gave people space and private time when needed and supported their understating around sexual health.

• One person expressed the wish to have a partner, they have since met someone and staff positively supported their relationship. Staff helped them to plan and go on dates and supported the person to introduce their partner to their family, which is something they were very happy about. Their relative told us, "the staff have really supported his relationship. They now both come home to our house together which I know he enjoys."

• Staff displayed a real empathy for people and we observed them to have an excellent rapport with people. For example, we observed staff to have a friendly approach to people sharing a laugh and joke with people throughout the day.

• Staff supported people's emotional needs. One person experienced low self-esteem and was highly anxious in social situations but wanted to raise money for a charity important to them. Staff were sensitive in their approach and encouraged them to complete a charity event, baking and selling cakes and the home's summer party. This improved their self-esteem as they could do something for others which gave them a sense of enjoyment and pride.

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

•People continued to have access to information in a format which reduced barriers to communication. Staff had an excellent understanding of how people communicated and expressed themselves and adapted their approach to ensure people were given information in a way they could understand. • Staff used a trial and error approach to develop good communication techniques with one person and developed a 'widgit' communication tool. A 'widgit' uses symbols to support text making the meaning clearer and easier to understand. Staff introduced the 'widgit' at meal times so the person could understand to eat slower to reduce the risk of choking. This had such a positive effect on their communication with staff they now use this tool for a variety of tasks such as personal care and their daily routine. We saw staff communicate using the 'widgit' tool during the inspection, not only did this support the person to communicate but also encouraged their independence. They were now able to complete tasks with minimal support as they understood what they needed to do.

• Staff continued to be exceptional at helping people and their relatives express their views.

• People had regular opportunities to provide staff with informal feedback day to day, we saw staff engage with people using their specific ways of communication, such as speaking in the third person and using objects of reference.

• People also had more formal opportunities to discuss their support at key worker meetings. One person expressed a wish to have a pet fish. Staff worked around any barriers to ensure the person's wish could be met. Staff supported the person to understand how to care for their pet and had weekly sessions with them to help them clean the environment. Their key worker told us, "He expressed a wish and we supported him to achieve it, his quality of life has greatly improved and he now seeks out staff for communication as he trusts that we will do what we say."

• Staff positively welcomed the involvement of advocates to ensure people get the outcomes that matter to them in their life. Two people at the home were supported by advocates, staff had facilitated meetings between the person and their advocate to ensure they were well supported.

• A relative told us, "they keep us informed and if anything happens we know immediately. We are listened to and respected as parents, staff keep us involved but what our daughter has to say is of most importance to them, as it should be."

Respecting and promoting people's privacy, dignity and independence

• Respect for people's privacy and dignity was at the heart of staff practice. Staff were very conscientious of people's personal space and requests for private time. We observed staff to respect people's decisions to spend time alone in their rooms.

• Staff had a strong and dedicated person-centred approach to supporting people's independence. For example, one person wanted to have control over their finances, staff did not consider their learning disability a barrier to this and worked with the person and their representative to create a safe way to manage this, whilst supporting the person's independence.

• Staff respected people's human rights, equality and diversity. A member of staff told us, "People are seen for who they are and not their disability. Their disability does not define them."

• We observed how staff showed people emotional support, whilst maintaining a sense of professionalism; these interactions helped to give people a sense of wellbeing and security.

• People's cultural needs were met in dignified way. One person was a practicing catholic and staff ensured they attended church every week to support their wellbeing.

• Staff supported another person with alternative religious beliefs, when other people at the home were celebrating holiday's such as Christmas they respected this person's values and beliefs and took them out. This ensured they were supported to follow their religion but did not miss out on fun experiences tailored to their needs.

Is the service responsive?

Our findings

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care

•Care continued to be personalised to meet the needs of individuals. People remained at the centre of care planning and were actively involved in the process on a regular basis.

- Health care professionals all told us that people's needs and wishes were at the centre of the home and described staff as having a person-centred approach.
- One professionals told us, "Staff interact well with people and are flexible to meeting individual needs. Staff have a good relationship with whom they are supporting and adapt their style to suit differing needs."
- •Individual care plans were exceptionally detailed, setting out clear guidance on how people wanted to be supported.
- Care plans were written with positive language and supported people's aspirations and self-esteem. One person's care plan said people admired their, 'desire to be as independent as I can be, my humour, my interest in history and the royal family.' Staff truly admired these qualities about the person. They spoke with enthusiasm about them and how they have supported the person to grow and feel comfortable in themselves. Staff had actively promoted the persons love for the royal family by celebrating the royal wedding and taking them to Windsor Castle.
- Another person had a very strong interest in music and certain singers. Staff created strategies with the person to enjoy this music in a measured way. Staff sourced tickets to concerts of the person's favourite singer and had been flexible with their working hours to ensure they could attend.
- People were supported and encouraged to be involved in a variety of activities which offered them a range of opportunities specific to their personal interests.
- A member of staff told us, "There are a great deal of activities offered to people, we constantly think about new things we can involve people in to give them new opportunities. They quality of things people have here such as food and resources is excellent, better than I have ever seen." A relative told us, "He has had so many new opportunities thanks to the staff. They take him swimming which he loves, all sorts of activities. He is always busy, I love that as being busy and well occupied is so important to his wellbeing, they do this really well."
- Staff recognised that meaningful activities were an important part of people's lives and were led by people's choices, centred around their local community. For example, one person enjoyed swimming but did not appear to enjoy going to the local pool since experiencing a seizure. Staff looked-for alternatives to maintain the persons enjoyment of swimming. They now go to a hydrotherapy pool for a private session. Due to staff's quick response, the person now feels safe and goes swimming regularly, maintaining a hobby they enjoyed.
- Another person expressed a wish to visit Madame Tussauds. This presented many challenges due to their complex needs. Staff did not see this as a barrier to them going and created strategies to mitigate any risks. The registered manager ensured their key worker went with them as they had developed a "very trusting relationship." We saw photos of them enjoying the day, looking very happy. The thorough approach from

staff in planning this day out had a hugely positive impact for the person.

- In addition to peoples social and cultural needs staff were extremely responsive to people's health and wellbeing needs. Staff understood people so well that they could identify even the slightest change in their mood or early signs of a change in behaviour.
- One person's behaviour began to change unexpectedly. This was quickly identified by staff and the person was recognised as having delayed adolescence. Delayed adolescence is condition that affects a person's growth and development. Staff's proactive approach meant that the person's hormonal changes were managed well.
- One person experienced high levels of anxiety and agitation, staff had tailored their positive behaviour support and identified early triggers and developed strategies to de-escalate any agitation quickly. They supported the person to understand their own behaviour and what lead them to do this so they could better support themselves when feeling anxious or agitated.
- The registered manager had considered the use of assistive technologies to improve people's experiences. Staff had really thought about how to best support one person who only responded well to one member of staff. With the person's consent their key worker created a video with them using their iPad to show how best to communicate with them during tasks such as personal care. This was kept on their I-pad and used as a conversation starter when staff were trying to support them. This innovative use of technology supported the person to develop positive relationships with other members of staff whilst having a sense of control and ownership of their support.
- Staff looked for assistive technologies for people living with epilepsy that maintained their independence and privacy. Two people used sensor mats which alerted staff if they experienced a seizure whilst asleep, this allowed them to maintain a level of privacy and dignity whilst being safe.

End of life care and support

- The registered manager understood that people living at the home may have difficulty understanding their emotions around loss and grief. They had worked closely with one family to support a person through the loss of a parent.
- Staff supported the person to deal with their emotional distress and talk about their loss and what the person meant to them. A member of staff told us, "We realised how far his trust and communication had come when their relative passed away. We were able to really support him and he accepted that support because he trusts us."
- End of life care was considered by staff and people's wishes at the end of their life were recorded in their care plans, if they wished to discuss them.

Improving care quality in response to complaints or concerns

- There were robust systems in place to deal with concerns and complaints. The registered manager responded to complaints in a timely manner and in line with the provider's policy. Relatives told us that they were very comfortable around raising concerns. A relative said, "it is an excellent home, when I raise concerns about anything they respond very quickly which assures me they listen."
- The registered manager was proactive in encouraging people and staff to challenge and ways of working. The registered manager told us, "we encourage staff to challenge why we do things to ensure we are delivering high quality care for all."
- The provider had their complaints policy in a variety of accessible formats including in a video to aid people's understanding and ability to make a complaint, should they need to.

Is the service well-led?

Our findings

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

• Staff were proud to work at the home and motivated by the management, other staff and people to do an excellent job. Staff spoke positively of their work and support they received, all the staff we spoke with were highly satisfied in their roles.

• A member of staff told us, "The management sets the standard of a positive work culture here. We are all open and honest and are supported to say what we think and have a positive attitude towards our work." Another staff member told us, "I have worked at different home and this is the only place I have ever worked at that I want to stay at as everyone treats the residents as family in a professional way, there is such a trust and rapport with each one."

• Management of the home was effective in continuously driving quality and the registered manager had a clear understanding of the regulatory responsibilities of their role.

• Relatives, professionals and staff were unanimously complimentary of the manager and their leadership skills. A relative told us, "The manager is fantastic, always open and listens to feedback. She must be doing a good job as my son; the staff and other people always look so happy." Another relative said, "The home is very well managed. She is an excellent manager and that is reflected in the satisfaction of the service user."

• A staff member also told us, "The manager is really good an inspiring staff to go the extra mile and has really supported me very well to ensure I can be the best carer I can be and I have been really supported to progress."

• The registered manager implemented innovative ways to drive quality improvements. For example, they developed their approach to positively manage incidents. The registered manager told us that the analysis of incidents can be focused on negative behaviours however, there was much to be learnt from incidents of positive behaviour. The registered manager analysed and compared them to incidents where people experienced challenging behaviour to see the differences between both situations. Not only had this driven improvement in the number of behavioural incidents people experienced but boosted people's self-esteem and confidence in their abilities as the positive incident reports were shared and discussed with them.

• Governance processes were well embedded into the running of the home and the registered manager had excellent oversight of the quality of the service. The registered manager and staff all had a positive approach to driving improvements to their practice. A member of staff told us, "We are all working together driving up improvements, we come up with ideas based on our shared knowledge of people and are passionate about people we support."

• Systems and processes were in place to assess, monitor and improve the quality of the service being delivered and action quickly taken if things went wrong. The registered manager was dedicated to ensuring people were involved in the quality assurance processes. For example, people supported staff to undertake quality assurance checks of different parts of the home, such as fire safety. This unique approach ensured that people were involved in driving improvements at the home, their voice was heard and acted upon.

• The registered manager focussed their quality assurance processes around people's feelings and satisfaction of living at the home. They used a variety of tools to support people to express their views. For example, they used the 'Mini MANS-LD' tool to measure people's opinions of their quality of life. This tool uses simple questions to identify if people, with a learning disability, are happy with how their basic needs are being met. People were very happy with where they lived and the registered manager used this feedback to maintain the outstanding service people received.

- The regional compliance director visited the home regularly to add an additional layer of governance completing a variety of audits to drive quality improvements. The registered manager valued their input and consistently acted on suggestions made in a timely manner.
- The provider recognised that people living at the home knew what high quality care looked like for them and their peers. The provider implemented a quality checker programme were a member of the home was selected to review certain aspects of provider's other homes from a resident's perspective.

Continuous learning and improving care

• The registered manager ensured theirs and their staffs development was paramount to improving care and supporting continuous learning. The registered manager told us, "We listen to staff and keep our finger on the pulse so we are picking up on developmental needs and areas where we can develop and learn as a team."

• Every member of staff we spoke to said that the registered manager listened to them and was available to speak to at any time.

• The registered manager was aware of changes within the industry and built links with local teams to learn and share best practice to improve care for people. The registered manager attended regular managers meetings to support their learning and keep them up to date.

• The registered manager had a strong emphasis on continuous improvement and their passion for supporting people at the home was embedded in staff practice. Since the last inspection the registered manager had inspired staff to continuously reflect on their practice to further develop and improve the support people received. For example; people had improved access to activities, employment and education which supported their specific wishes.

Engaging and involving people using the service, the public and staff

- The registered manager and provider clearly understood the importance of engaging and involving people in the running of the home to facilitate excellent outcomes for them.
- A member of staff told us, "people are included in the running of the home. This is their home and we respect that, we want them to have control and choice of their day to day lives in a homely atmosphere."
- People were fully involved in household tasks, preparing meals and doing laundry. Staff consulted with people regarding any changes to the home. The registered manager understood that, for one person, it was particularly important that they were involved in choices of décor as they could damage property if they became agitated, but were less likely to do this if they had a choice of their surroundings. We saw evidence that they had been consulted on changes to soft furnishings in communal areas.
- Relatives and staff had opportunities to be involved in the home during meetings, visits and were invited to parties to build a sense of community for people. A relative told us, "We are treated as a family. They have always encouraged a family atmosphere. It is home just like my own where. Staff are open to opinions and listen to my feedback."
- A client council had also been developed where a nominated individual living at each of the provider's homes came together to discuss how the organisation was developing and to be involved in decisions about the future. This approach ensured people were actively involved in the running of their home.

• Constructive challenge from staff, people and relatives was welcomed by the registered manager and feedback used to drive quality improvements. For example, at one staff meeting staff discussed that a person's behaviours had begun to escalate. A member of staff said this was because staff were giving the person mixed messages. Staff were given time to constructively challenge each other and worked together to create a plan to better support the person in a consistent way.

• The voice of people at the home was respected and listened to. For example, one person was unhappy about their clean washing being left outside someone else's room. Staff supported and encouraged them to raise a complaint through the formal channels as this had upset them. The registered manager responded appropriately to the person in a compassionate way and apologised.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

• The culture of the home was exceptionally positive and enabled people to live how they wanted to. There was a relaxed and friendly atmosphere within the home. It was clear that people living at the home were the focus by the personalised support they received.

• The registered manager planned and promoted person-centred, high-quality care and good outcomes for people. This considered the physical, spiritual and social aspects of a person's life. We saw this was constantly achieved for all people at the home and, we saw this through the truly person-centred records we looked at.

• The registered manager promoted an open and honest service and lead by example. We saw them to be accessible to people and staff throughout the inspection.

Working in partnership with others

• The registered manager and staff worked exceptionally well with others to ensure people's needs were met. The health and social care professionals we spoke with commented very positively on communication with staff and felt that staff's exceptional understanding of people's needs allowed them to support people effectively.

• One healthcare professional told us, 'I find the staff exceptionally professional and communicate effectively with me so I can take care of people during their appointments." The other health care professional said, "Staff communication is excellent we have a very good working relationship with them."

• Staff had developed a positive relationship with a local business to support someone to gain work experience. This relationship had enabled the person to develop new skills and improved their self-esteem. Staff had developed links with the local college to ensure people had access to further education. Staff supported people to access courses that enhanced their life skills.

• The registered manager worked with other professionals to develop their practice. They adopted a reflective approach to their work to ensure they continuously developed. We saw evidence of them effectively using feedback from health and social care professionals to meet the changing needs of people.