

Milestones Trust

50 Vassall Road

Inspection report

Fishponds
Bristol
BS16 2LW

Tel: 01179659983
Website: www.milestonetrust.org.uk

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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 inspection took place on 6 December and 9 December 2017 and was unannounced.

The service is registered to provide residential care for up to six people with learning disability or mental health conditions. At the time of our inspection six people were using the service. 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. This means people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

People felt safe at the home and with the staff who supported them. People were protected from abuse and avoidable harm. This was because staff had been on training and had the knowledge and awareness they required to do their job effectively and help to keep people safe.

People's medicines were managed safely within the service and where people wanted to they were supported to be responsible for their own medicines.

Risk assessments and care plans helped promote the safety of people when they were out in the community and within the home.

People were very well supported to exercise choice and control of their lives. The staff team supported them in the least restrictive way they could. There were policies and systems in use that helped the staff to do this. People were supported with their health needs and staff monitored their wellbeing.

People were supported to with enough to eat and drink to maintain good health. Menus were planned based on each person's likes and dislikes.

The requirements of the Mental Capacity Act were met for people at the home. People were supported to have as much choice and control of their lives and staff supported them in the least restrictive way possible. There were policies and systems in the home that supported the staff and people who lived there.

People were encouraged and supported by the staff to maintain their independence. The staff team respected people's privacy and dignity. People were cared for by a staff team that knew and understood their individual needs extremely well. People felt very relaxed about talking with staff members and raising any concerns or worries with them.

The service was very flexible and responded creatively to people's individual needs or wishes. Activities were highly individualised to fully reflect people's interests, wishes and choices. Care plans contained personalised information to help staff provide high quality care and support.

People received care based on their needs and preferences. They were supported to be fully involved in all aspects of their care and were supported to lead their lives in the way they chose. . People's views and opinions were proactively sought and listened to. Feedback from people receiving support was taken constructively to drive improvements.

The home was very well run and people, staff and professionals all spoke extremely highly of the registered manager. The registered manager was extremely inclusive in the way that they ran the home. The registered manager was very positive in their approach about the care being provided for people and this was evident throughout our visit. The registered manager was a very strong role model for staff. They showed they had a very caring and generous approach with their team and the people who lived at the home. For example, they always made plenty of time for people whenever they wanted to speak with them. The staff we met also told us that the registered manager always gave them a great deal of time and support both formally and throughout the day. The staff and people in the home felt they were very supportive accessible and enabling to them.

There was a culture of mutual respect between the registered manager, staff and those who lived at 50 Vassall Road. People enjoyed interacting with the registered manager and the team. The atmosphere in the home was very relaxed, comfortable and homely. The registered manager, staff and people living in the home worked very hard to provide a service that was safe, caring ,effective and extremely responsive to people's needs .

People, their relatives and professional's involved in people's care gave very positive feedback about the service. Quality monitoring and assurance systems were in place to help drive improvements and ensure a safe and high standard of care and service for people.

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

Is the service well-led?

Outstanding ☆

Is the service well-led?

The service has improved to outstanding

People, relatives, and staff were very positive about the management and culture of the home. The registered manager had built up and maintained links with other external organisations. This was to share good practice and also to improve the quality of life for people both in the home and the community

People were proactively empowered to live their life in the way they chose to . People's preferences and needs were listened to and acted upon through the use of innovative initiatives and practices.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of 50 Vassall Road .

50 Vassall 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.

Before the inspection we used information the provider sent us in the Provider Information Return. 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 also reviewed other information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 6 and 9 December 2017 and was unannounced. The inspection was carried out by one inspector.

Because many people were not able to tell us their views of the service. 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 spoke with the 6 people who lived at the home. We interviewed three members of staff and the registered manager. We spoke to two managers from the voluntary sector, a senior manager in a different part of the organisation run by the provider and a healthcare professional.

We pathway tracked the care of two people. We saw care and support in communal areas, spoke with people in private. We also looked at records that related to how the home was being run as well as the quality monitoring systems in place.

Is the service safe?

Our findings

People felt safe living at the home and when they went out. One person told us they felt safe because, "Staff go out with me to make sure I am all right."

Relatives also felt their family members were cared for safely. Staff understood the risks people may face. The staff also demonstrated they knew how to keep people safe from the risk of avoidable harm. Risk assessments were written for each person and were unique to people's individual needs. They set out what actions people and staff needed to follow so that people received safe care. People were involved in the risk assessment process where they were able to. Risk assessments as well as care plans were reviewed with people regularly and updated to ensure staff knew how to support people safely.

People were protected from the risk of avoidable harm and were kept safe from the risks from potential abuse. They felt safe, and people and their relatives felt able to tell staff about any concerns. The registered manager had an up to date understanding of each person and how to keep them safe. Staff knew how to identify people at risk and were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission (CQC) with concerns if this was needed. The provider had clear policies on safeguarding people from the risk of abuse, and staff knew how to follow these. Staff received training in safeguarding people from the risk of avoidable harm and this was reflected in training records. Records at the service and held by CQC confirmed steps were taken to address concerns about care that may put people at risk. This ensured people were kept safe from the risks associated with unsafe care.

People felt staff supported them to manage their medicines safely. Relatives were confident their family members received medicines as prescribed. Staff told us and records showed they received training and had checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result. The provider had up to date guidance which was accessible for staff who dealt with medicines. Staff took time to explain to people what their medicines were for, and checked that people were happy to take their medicines. All medicines were stored, documented, administered and disposed of in accordance with current guidance and legislation. This meant people received their medicines as prescribed.

The provider ensured risks associated with the service's environment were assessed and steps taken to minimise risks. Staff and records confirmed this was the case. People's files contained emergency information and contact details for key people in their lives. Each person had a personal emergency evacuation plan (PEEP) which contained information on how to support them to remain safe in the event of an emergency. Staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place. This meant people would be reassured and supported safely in ways that suited them if there was an emergency.

Accidents and incidents were reviewed and monitored to identify potential trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise

the risk of future accidents. For example, one person who was at risk from traffic when they went out had been assessed for and agreed to staff supporting them to help keep them safe. The registered manager had monitored and reviewed this. This had been undertaken with the full involvement of the person concerned.

We saw a notice on display that set out that the service had a 'zero tolerance of bullying and harassment policy' in place for both staff and residents. The policy was communicated to all staff and people who lived at the home in a variety of formats.

Is the service effective?

Our findings

We saw staff on both days of our visit assist people in ways that showed they knew how to support people with their needs. Staff demonstrated a calm manner and an encouraging approach with people when they assisted them with their care.

Staff demonstrated they understood how to provide people with effective support with their care needs. They told us how they worked with people to help them to feel calm when their mood changed and they felt upset. They also told us their role included helping people with activities of daily living. For example they said they supported people with shopping, laundry and cleaning their rooms.

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 decision made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty. We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS applications had been made to the local authority as legally required to make sure any restrictions on people were lawful. People's care records made clear reference to their mental state and ability to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Staff told us they had received training about the MCA and were aware of the need to consider capacity and what to do when people lacked capacity. Care records showed how that capacity was assessed and considered when needed. When a person lacked capacity, there were clear instructions within care records as to how to support the person. For people who were being restricted of their liberty, correct procedures had been applied to ensure it was lawfully carried out.

Staff demonstrated they understood the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless a person had been fully assessed otherwise. Each member of the team had good knowledge of the Mental Capacity Act. They demonstrated in conversation with us and in the way they supported people that they understood how to apply these principles when they supported individuals at the home.

The registered manager told us how they would ensure the Deprivation of Liberty Safeguards (DoLS) was used appropriately. They told us that there were currently two DoLS applications in place for people. They knew that the purpose of DoLS was to ensure that safeguards were in place to protect the interests of people in the least restrictive way. There was also DoLS guidance information available to help staff make a suitable DoLS application if required.

People were effectively supported to meet their physical healthcare needs. Each person had a health action plan. People told us they were supported to see their doctor if they were concerned about their health. The action plans contained information that showed how people were to be supported with their physical health and wellbeing. Care plans contained information relating to when people had used other healthcare professionals or services. For example, we saw one person had been supported by staff to attend a recent GP appointment.

People were supported to prepare and cook nutritious food and drink that they enjoyed. The people we spoke with said they liked to prepare and cook their own food. People made their drinks and snacks and we saw they were able to choose what they had. Staff told us people who required special diets were also catered for and this was confirmed by the choices that were available. For example, we saw one person needed a sugar free diet and this was provided for them. Information in care records showed and staff told us that they regularly monitored people's food and drink intake. This was to help to ensure people were able to eat a healthy and well balanced diet if they wanted to. Staff regularly consulted with people as to what type of food they preferred and ensured these choices were available to meet people's diverse needs.

Care records clearly explained how to support people with their nutritional needs. An assessment had been undertaken using a nationally recognised tool. This tool is used to identify people at risk of malnutrition or obesity. The staff team had been on a training course to help them to be able to support people effectively with their nutritional needs. One person with specific nutritional needs was being supported by a healthcare specialist. The records confirmed staff monitored people's health and wellbeing.

Staff said they were very well supported by the registered manager to be able to effectively support people with their needs. Staff received regular one to one supervision and they told us meetings were useful because they helped them to understand people's needs. Records confirmed staff were being regularly supervised in their work and the quality of their performance. Staff had been on a range of training courses to enable them to support people effectively. Staff spoke positively about the training and learning opportunities. They said they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about learning disability issues, mental health issues, health and safety matters, food hygiene, first aid, and infection control and medicines management.

New staff were properly trained and supported in their work. There was an induction training programme for all new employees. The staff induction programme included areas such as how to support people with complex learning disabilities and safeguarding adults. Completed records showed that the registered manager had ensured staff had received proper training before they began work with people at the home. The staff induction programme addressed a number of areas for staff. These included fire safety, safe working practices when supporting people who may be angry in mood, safeguarding, infection control, moving and handling, equality and diversity, practical skills, medicines and care planning.

Is the service caring?

Our findings

People told us how well their individual needs were met. People spoke positively about the staff and their approach. One person said, "They take me out into town". Another person told us that they liked the staff. Staff assisted people in a way that showed they were kind and caring. This was evident in a number of ways. The staff used a calm, gentle approach and manner with people. They also used gentle humour and a caring manner when they helped people to do household chores. People responded to staff when they used this approach in a way that was warm and friendly to the staff.

We saw that staff were very respectful of people's cultural and spiritual needs. People were treated with care and kindness and were involved in decisions about the support they wanted to have. Care plans and information such as menus, and how to make a complaint were provided in accessible formats. This was to support people to understand the care and services at the home. Staff told us how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person extremely well.

The staff demonstrated in conversations with us that they understood how to provide people with personalised care that met their needs. They told us they knew what time people liked to be supported to get up. The staff also told us certain people preferred a female member of staff to help them and this was always respected.

People told us they had a keyworker and spoke with them about their care and support. A key worker is a member of a staff who provides extra support to people and to help people become better at helping themselves in their daily lives. Care plans reflected these discussions and showed people were involved in deciding what sort of care and support they received.

Staff understood what equality and diversity meant. They said it meant respecting that everyone is unique and supporting people to live their life in the way they would prefer. The staff training records confirmed the staff had been on training to help them understand how to apply the principals of equality and diversity in their work. There was also a policy in place to guide staff to ensure they always respected people's equality and diversity.

The kitchen was open for people and visitors to use. People used the kitchen and made themselves drinks and snacks. This showed how the environment supported people to be independent.

There was an enclosed garden where people could walk safely. There was a quiet room and lounge. People were sat in the different shared areas in the home. This showed people were able to have privacy when they wanted it.

Each bedroom was a single room and this meant people had privacy. Each room was personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room

look personal and homely.

Information about the local advocacy service was prominently displayed in a shared area for people to see. Advocacy services support people to ensure that their views and wishes properly heard and acted upon when decisions are being made about their lives.

Is the service responsive?

Our findings

People and their relatives told us staff were exceptional and had "amazing" skills, as well as an in depth understanding of their needs. Staff understood very well each person's values and beliefs that influenced their decisions on how they wanted to be cared for and supported. For example some people were very sensitively supported to express their sexuality in a safe and non-judgmental way. One relative told us the service provided care and support that was "Exceptional not just to my relative but to everyone at the home." A relative also told us that care and support was planned in a way that "Treats everyone as if they are family." The same relative also told us that the staff had skills that were "exceptional" and these were used in a way that was "outstanding" when they supported and cared for people at the home. They went on to explain that people were treated like family by all of the staff. They said staff were exceptionally welcoming and they were always invited to have a drink or a meal at the home.

The registered manager told us about an innovative idea they had implemented. They had started an online group which enabled people living in the home to meet and socialise with other people living in the local community that received support and other care homes. The website helped people find out what social and therapeutic activities were taking place in the area. This was a very innovative way to use technology to enhance the quality of life for people in the home and other people living in the local community. We looked at the website which showed the classes and groups the registered manager had started. For example a forthcoming Zumba class, a film group, and a drum class were all clearly advertised. The staff told us that people at the home had gained in self-confidence attending classes and activities with people from other services.

People enjoyed full and active lives. We saw there were activities, events and tasks which were personalised to their needs, wishes and goals. Each person had a personalised care and support plan as well as a documented list of the activities they enjoyed. This had been set up to ensure people had access to activities which they could choose on that day. For example, one person wanted to go out with their key worker, this request was acknowledged and accepted. Another person had been supported to go into Bristol on a river boat trip around the docks. This person told us that they really liked going out on a boat trip every week. The registered manager had successfully recruited a community based volunteer to support the person with this activity. They had arranged for the volunteer to have extra training to be able to safely support the person to go on regular boat trips. This was an excellent example to demonstrate how the registered manager had engaged with community volunteers to improve and enhance the quality of life for the person.

We found many further examples of how people were very well supported to live full and meaningful life both in and out of the home. One person who was electively mute when they moved to the home was regularly supported to go to the cinema. This was an activity they really enjoyed. The staff supported the person to go and see films. On the return journeys staff would mimic the sound effects from the film. This had impacted on the person's communication, and gradually they began to join in, progressing to speaking again. When the person's nearest relative later passed away the team ensured that they were kept informed. The team supported the person to visit the funeral home and see the body. They also supported them to attend the funeral and to regularly visit her grave. The outcome of the emotional support that the person

received was that they have come to terms with the death of their mother.

Another person had always wanted to go on a boating holiday. The registered manager arranged a holiday on a specially adapted narrow boat. The registered manager liaised with another service to share the holiday so the cost and staffing implications could be met without impacting on either service. The team supported the person to prepare by taking trips on ferries and boat trips around the Bristol area over a protracted period of time, gradually increasing the length of time spent aboard. The outcome for this person was a huge boost to his self-esteem. Staff reported how they were being empowered to take part in all aspects of life aboard and fulfilling one of their life-long dreams.

A further example of how the team respond in a very responsive and flexible manner was the support given to one person, who it was reported had very "masculine" interests and needs to feel that they were "one of the lads". This person loves motor boats and vehicles of all kinds, especially military vehicles. The registered manager brings military vehicles that they were working on to Vassalls Road. They do this in their own time so that the person can be involved in motor maintenance. There was a risk management plan to support them. The person helps to change the tires, uses a jack, passes tools to the registered manager and shares the activity of renovating jeeps and other army vehicles. The outcome for the person was they were enabled to have responsibilities which were meaningful to them as an enhancement of their self-esteem and sense of identity.

On the first day of the inspection, most people were enjoying excursions with the staff. Some people had been supported to enjoy a shopping trip, whilst others were enjoying a trip to the seaside. One person who was independent had taken themselves into Bristol to do some Christmas shopping. People were given full choice over events and activities including where they wanted to go for an evening meal. The provision of activities was innovative and met people's needs and preferences. A number of initiatives were available based around people's previous lifestyles, memories and what was important to them. For example, one person had been supported to buy their own bike. The registered manager ran a bike group attended by people who used the providers' services and other providers' homes and services as well. The group had been started as a social activity with the dual purpose of helping people to learn about road safety. The records we saw showed that this group was very popular and was attended by people from other services as well. The staff told us and the care records confirmed that this had built up the person's confidence and their mobility and balance had also improved.

The registered manager had secured funding from the Quartet Community Foundation for each person living at the home to have an electronic tablet for reading. This had enhanced people's lives in a number of ways. For example, these devices have cameras which were used to take pictures of activities; these pictures were then used to form a personalised daily diary rather than just notes in a file written by staff. Another area where the use of these tablets was starting to work well was the use of on line services to watch films and TV programmes. This was an innovative way to continue to promote an individualised approach for each person.

People received care which was extremely flexible and responsive to their individual needs and preferences. Staff had an excellent understanding of the needs and aspirations of the people living at the home and had found creative ways to enhance their skills and independence. The registered manager told us they were supporting people to take back some independence. One person had wanted to take fewer medicines for their epilepsy. The registered manager and team had worked closely with the community learning disability team and had supported the person to reduce the medicine they needed to take. We saw how this had been undertaken and the person concerned was fully involved in this process.

The registered manager and the team had worked together for the benefit of a person who had been taken physically ill last year the staff team had worked together to support the person when they were in hospital. Staff had provided 24 hours support for them. During this time the staff had not used agency staff in the home or at the hospital. This is an excellent example of the staff team working together and going the extra mile to support one of the people who lived at the home.

Care plans and risk assessments had been created in a pictorial format. Photos of the person taking part in certain activities had been used to help each person understand their care documents. People had been fully involved in devising the care plans and the photos taken. This was a creative way to support people to be involved in and to understand the ways they were being cared for and supported. The information we read in people's care records showed they had been actively encouraged to plan and decide what sort of care and support they felt they wanted. The care plans stated what actions to take to assist each person with their range of care and support needs. For example, care records explained that some people needed motivation with their self-care due to their health needs. The care plans explained how to assist each person with their care and support needs.

People said they received excellent care that more than met their needs and wishes, provided meaningful activities and helped them to be as independent as possible. Staff went the extra mile to support people to meet their social and leisure needs. The staff understood the benefits to people's wellbeing this provided. Staff supported people on more unusual activities and on holidays in a variety of places in the UK and abroad.

People were at the centre of discussing and reviewing all aspects of their care. For example, the registered manager and staff took time to go through people's care and risk assessments to ensure the person was at the centre of their care and their views were respected. Care records and conversations with the staff and other professionals showed they were compassionate and proactive about planning people's wishes. People's end of life wishes were recorded so staff were aware of and went out of their way to meet these. We saw people had been able to remain in the home supported by familiar staff when approaching the end of their life. Staff often provided extra support to give people as much time as possible with family and friends.

People told us they knew how to make a complaint, but had not had to do so. The registered manager had introduced an individual complaints diary for each person. The aim was to improve support people individually and protect people's rights. People were supported to discuss how they felt and to speak up for them and ask for what they would like. The registered manager reinforced the fact people could speak directly to their key worker or them about any issues of concern they had. The registered manager explained to people how their opinions were valuable in shaping the service that was provided. At the time of our inspection there had been no complaints made.

The registered manager set out in the PIR some of the improvements that had been made to how the service continued to respond flexibly and proactively to people's needs. This showed how the service met people's range of needs in creative ways. 'As a home we identified two areas that we could develop to enhance the service user's experience and increase choice making opportunities. We have started a social club where we meet each Friday at a local church hall. Service users from this home attend if they want to and we initially invited all service users supported by Milestones Trust to join the club. This has been running now for about 12 months and has been a great success. Funds were applied for through Bristol Age Concern as part of a Bristol Aging Better project and from a grant we were able to purchase equipment. On Friday evenings we hold activity or games sessions. One Friday a month we show a movie which is very well attended. We have an excellent projector and sound system along with a 200 inch screen which offers an authentic cinema experience. We will continue to promote and advertise the club and have recently become part of a local

Forum to increase awareness of the club with other providers. We also started a Zumba session in the same church hall on Saturday mornings. This has also proved to be very successful.

Is the service well-led?

Our findings

Throughout our visit it was evident that the registered manager and staff team were really enthusiastic and committed to ensuring people received a very high quality service. The service culture was positive, open and enabling for people. The registered manager took every opportunity to constructively review and evaluate how to improve and develop the care and service people received. They demonstrated a cohesive approach with clear direction, always looking for additional input from appropriate specialists. For example, the registered manager led the team to understand one person's behaviours based on their previous experience living in institutions before they came to the home. The registered manager and team realised through observations and discussion that the person concerned was resistant to accepting any food that was given to them. For the person to feel in control it was found they needed to take food that was intended for somebody else and therefore perceived as safe to eat. Over many months the registered manager coordinated the team's approach, compiling an ever evolving list of what appeared to work or not work. Through this process of trial and error the team devised a creative person centred plan to support the person. When meals were served staff dish up food for the other people living at the home but leave portions for the person in the saucepans left on the hob. Staff leave the kitchen giving the person the chance to serve themselves from these. Individual staff members prepare cereals, ostensibly for themselves, and will then turn their backs to give the person the opportunity to "take" it from them. This sensitive approach enabled the team to provide the person with a sufficient and balanced diet which they believe they were taking from the service and therefore has full control over.

A further example that was identified at a recent quality audit showed how constructively the registered manager responded to recommendations and strived to continually improve the service. In 2016 medicine systems within the service were audited and it was noted that the medication profiles of each individual had sufficient detail but could be improved and the medicines policy for the service required updating. During that visit the auditor had spoken to staff, one of the team had suggested that a person could be involved in the administration of their own medicines and this might give the person a greater sense of control and reduced anxiety regarding their medication routine. An audit in 2017 showed that profiles had been rewritten and now included each individual's wishes and needs. One profile stated 'I do not take any medication and I will be very angry if you try to give me any without my consent'. Another person's profile described how they took the staff member to the medicine cabinet at the relevant time. They were then enabled to puncture the relevant compartment of the blister pack under staff supervision. This meant the person took the medicine themselves more independently. The medicine procedure had been rewritten and was clear and simple. It now included a simple procedure for auditing the medicines and returning surplus medicines. Since these actions by the registered manager no medicine incidents or errors had occurred during the previous twelve months. This demonstrated how well considered and effectively managed these systems were. The registered manager had improved the management of medicines, and the people's involvement in their medicines regime. This resulted in an excellent outcome for people namely a personalised and safe system for managing their medicines.

The registered manager had put in place a scheme to better support 'bank staff' who work for the provider. Bank staff work in different locations and are called upon when needed. The registered manager had

recognised the risk that these staff may not always be properly supported and developed in their work. Based on their ideas and proposals, bank staff were now allocated to a home and a named manager. We met one bank staff worker at the home. They told us this system had vastly improved how supported they felt. They also told us the registered manager had been exceptionally supportive when they had needed to raise concerns about another service in the past.

The registered manager had recently used technology to support one person to carry out staff interviews with them. They had supported the person to use an electronic tablet to enable them to sit on the interview panel and ask prospective new staff members about things that mattered to them. This was an innovative way to use technology to support people to be involved in how the home was run.

Another way the registered manager showed their clear direction and approach was in the way they created a thriving learning environment for students and others. One apprentice who had a placement at the home had gone on to win a National Award. This was in part due to the work they did at the home. They made a video with a person at the home for a third sector organisation advertising the benefits of working in social care. A manager from the voluntary sector told us that all of the volunteers who had placements at the home felt it was an exceptionally well run home. They were given extra training and support over and above what was required. This was to enable them to support people at the home to take part in a range of community activities.

The service worked in partnership with other organisations such as universities and provided placements to student nurses, social work students, as well as apprentices in social care. The registered manager told us this brought in new ideas and improved their care. For example, the registered manager told us that an apprentice worked closely with one person and his choice of clothing. The apprentice built up a close relationship with the person and supported them to make choices around their clothing that was dignified, smart and of their choosing. This was something that had been instigated by the apprentice; they had helped them tidy their clothes so that their clothes were matched and easy to locate in their wardrobe. They had purchased special plastic storage boxes. These were then used to help the person easily find clothes they wanted to wear that looked smart in the way they preferred.

The registered nurses had undertaken mentorship training through the universities. We saw the letter a student wrote to the registered manager after being on placement at the home. They praised the quality of the care and also said they had been exceptionally well supported whilst on their placement by the registered manager and the team.

Every person we spoke with praised the qualities and skill of the registered manager. One relative said that the registered manager was "Amazing and goes over and above for everyone not just my relative." People and relatives who used the service were extremely complimentary about the leadership and management of the home. They told us that the registered manager was competent, supportive, approachable and friendly. Comments from people included, "I like X" and "X is nice". The registered manager had an excellent knowledge of the needs of each person who lived at 50 Vassall Road.

A professional told us, "There is excellent dialogue (and trust) between the home and ourselves and vice-versa. Our staff meet theirs each morning where any messages, paperwork; concerns are shared as necessary with our staff. The home X manages is what we would like all other homes and care providers to aspire to. It is clear to me that he really knows each resident and has a team to support him as required".

A senior manager who worked in a different area for the provider carried out regular full detailed audits and checks of the service. This was a policy of the provider as it was intended to offer further objectivity when

auditing and checking the services. The senior manager concerned worked in the mental health section of the provider's services. They told us and their audits helped to show a number of ways that the registered manager went above and beyond as a manager. For example they also said that the registered manager was "Exceptionally person centred and they went above and beyond not just for the people at the home but for other people."

Staff working in the home were equally as positive, one member of staff told us, "I would not stay here if I did not think the home was really good." Another staff member told us that the registered manager, "Leads by example, "and was always coming up with new ideas for things in the home.

We read feedback letters thanking the registered manager for creating such a dynamic learning environment for student nurses who had placements at the home. The registered manager was a finalist for an external award to recognise managers who facilitate dynamic learning for students. The registered manager had also previously won an award for Creativity(innovation and originality) in their own organisation. The provider was transparent in their approach to seeking feedback about the home. The provider had uploaded information about the home onto an independent online website. This website allowed for people to write a totally impartial review of the services. There were currently no reviews on the website although the details of the home had been uploads for over four years.

One volunteer had been given specialist training over and above the basic minimum training requirements. This meant they could safely support a person to take part in activities away from the home and from the staff. This was an excellent way for people to build independence being able to take part in community activities. The person concerned told us how much they valued being able to do this.

The staff team were proud of the service. Staff told us about the newly revised visions and values for the service and organisation. Staff explained and we also saw, that the new values emphasised equality and inclusion for people and the staff across the workforce. We saw how staff followed these values in all of their interactions with people on both days of our visit. Staff encouraged people to make choices about what they wanted to do that day. People took part in activities that were unique to them. For example, one person went to the Bristol docks to go on a boat around the harbour. They told us this was what they liked to do. Another person liked to go out to the local shops on their own. The staff supported and encouraged them to do this. We saw that there was a consistently high level of constructive engagement with people and staff from all equality groups. The registered manager and team encouraged people to build up friendships with people who lived in other services, and services run by other organisations. Staff and people told us how they had gained confidence since they had got to know and meet people outside of the home.

Records we examined showed team meetings, staff consultation and appraisal were held frequently to support staff to understand their roles, understand what is expected of them and to provide feedback. This practice helped staff to understand their strengths and weaknesses and to support their personal development and continually improve the service and experiences of supported people. Team meetings were held and it was evident staff were empowered to speak openly and share ideas in the way the service was run. Staff were asked to provide feedback on what they felt was working, what wasn't working and suggested improvements for the service. Meetings always concluded with a staff recognition and positive comments section.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

