

National Star Foundation

Elizabeth House - Gloucester

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Outstanding



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 5, 6 and 7 May 2015 and was unannounced. Elizabeth House provides accommodation for up to 24 men and women with a physical disability and/or learning disability or autism who attend the National Star College. The home also offers respite care during the holidays to students from the National Star College as well as other people wishing to have a short break during college holidays. At the time of our inspection there were 22 people living at the home. Accommodation was accessible to people who use wheelchairs. Two rooms provided shared accommodation. Two independent living flats were also available for use.

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 and associated Regulations about how the service is run. The registered manager was registered to oversee four locations owned and managed by the National Star Foundation. A manager supported her at Elizabeth House on a day to day basis. Staff felt supported by management who they said were "positive role models".

From the moment people were considering moving into Elizabeth House until the time they left their individual

Summary of findings

needs were paramount in shaping the service they were to receive. People were involved in the planning and delivery of their care. If they needed additional equipment or adaptations to the environment to help them be as independent as possible this was provided. People's rights to equality, respect and privacy were promoted. They were nurtured to grow from adolescents into confident young adults with aspirations for their future. Outstanding support systems were in place to help people deal with discrimination and to stay safe at home and in their local community.

People were supported by dedicated staff who were invested in by the National Star Foundation to develop in their roles. Through a comprehensive training and support programme staff were encouraged to develop their expertise and knowledge. They delivered person centred care, empowered people and enabled people to live their lives the way they wished, as safely as possible. People had positive relationships with staff. At times they laughed, smiled and talked amiably together. Staff were caring and offered reassurance when needed.

In order to help people achieve their potential, staff guided them through choices and decisions. They recognised where there were risks and talked with people about ways they could stay as safe as possible. When there were accidents or incidents lessons were learnt and

action was taken to prevent them happening again. People were supported to stay healthy and well, managing their own medicines if they wished and having access to a range of health care professionals. Menus were chosen by people living in the home. If people needed help or support to eat or drink this was provided sensitively and in a relaxed manner.

People enjoyed a range of social activities as well as learning a range of life skills. They had chosen learning pathways at college and were able to continue with these goals at home. People's diversity was recognised and celebrated. Some people attended religious services, other people had food prepared to reflect their cultural beliefs and all were encouraged to access local community facilities.

People's feedback and views influenced the way the service developed and improved. They were involved in committees at home shaping the delivery of activities, meals and planning changes to the garden. By attending the college parliament they could influence the use of resources and the experience of people living at Elizabeth House. The National Star Foundation's vision to "have a world where people with disabilities are able to realise their potential as equal and active citizens in control of their lives" was embedded in the way in which Elizabeth House was run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People's human rights were respected and promoted. People learned how to stay safe and learned strategies how to deal with discrimination.

Staff helped people to stay safe from harm and protected them from potential abuse. Creative support systems had been developed in response to challenges people had experienced.

People were supported to live life to the full. When risks were taken they were managed in as safe a way as possible.

People were supported by sufficient staff who had excellent skills and understood their needs. They recognised when people needed help to manage their emotions or feelings.

People were helped to manage their medicines and to stay safe in emergencies.

Outstanding



Is the service effective?

The service was effective. People received high standards of care and support from staff who had access to robust training and support, which reflected current best practice.

People's capacity to make decisions about their care was assessed and when they were unable to consent, staff were confident in applying the Mental Capacity Act 2005 to help with best interests decisions. Deprivation of liberty safeguards were used appropriately.

Highly effective and personalised systems were in place to monitor people's health care needs. People's individual nutritional requirements were recognised and monitored. Staff had close links with health care professionals to promote the health and well-being of people when their needs changed.

Good



Is the service caring?

The service was caring. People were supported by staff who knew and understood them and promoted their rights to be treated fairly and as equals. People were encouraged to express their views and be involved in making decisions about the way they wished to live.

People had positive relationships with staff who were kind, sensitive and caring. People were encouraged in their aspirations by staff who had exceptional skills, helping them to be as independent as they wished to be.

Good



Is the service responsive?

This service was responsive. People took the lead on the planning of their care and support which reflected their preferences and aspirations. Highly individualised care was provided which reflected people's changing needs ensuring the delivery of personalised care.

People's complaints were listened to and acted upon. People's views and experiences of the service were encouraged and used to make improvements.

People's transition between services was well planned and co-ordinated.

Good



Summary of findings

Is the service well-led?

The service was well-led. People and staff were fully engaged in developing and shaping the service provided. They had access to all staff, no matter how high up in the organisation, who were aware and understood their needs.

Managers understood the challenges of providing a high quality service. They listened to feedback and had the resources to improve people's experience of living at Elizabeth House.

High standards were sustained by keeping up to date with best practice, learning from mistakes and recognising successes.

Good



Elizabeth House - Gloucester

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.

The inspection took place on 5, 6 and 7 May 2015 and was unannounced. One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was physical disability. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give

some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including past inspection reports.

As part of this inspection we spoke with 12 people living in the home, the registered manager, the manager, a representative of the provider, a nurse, eight care staff, the cook and the maintenance person. We reviewed the care records for three people including their medicines records. We also looked at the recruitment records for three staff and another six staff records, quality assurance systems and health and safety records. We observed the care and support being provided to people. A person showed us around the home and four people showed us their rooms. After the inspection we received feedback from one social care professional. The provider sent us additional information we had requested.



Is the service safe?

Our findings

People were given information about how to keep safe at the college, in their local community, whilst at home and when using the internet. People told us, “I feel safe living here”, “I know how to keep safe and what to do [when using the internet]” and “I can talk to my key worker or staff at the college if I have any concerns”.

People’s experiences of living in a new town and attending the college were reflected upon and used to develop systems and strategies to support new people. Staff described how vulnerable new students could be when coming to the college for the first time and living at Elizabeth House. Staff at Elizabeth House and the college supported people to develop the skills and confidence to deal with discrimination and bullying. The provider information return (PIR) stated, “Respecting people’s human rights and ensuring equality was ingrained in the ethos of the college”. This was also reflected in the support provided for people living at Elizabeth House. In their first term at the home people completed new training in promoting positive relationships, which aimed to help them keep safe at college and in the community.

People were able to raise concerns about their safety, bullying or harassment or about discrimination they may have experienced whilst attending college. The safeguarding systems provided by the college had been awarded an outstanding rating by Ofsted. Creative strategies were in place to keep people safe. For example, people could speak with any staff face to face or email, text and telephone a dedicated safeguarding team. People knew how to access staff at the college campus, who would advise them or help them to learn strategies to deal with these issues. People and staff confirmed the talk 2 team [who offered psychological and emotional support] and the college safeguarding lead were accessible and available whenever needed. Out of normal working hours arrangements were in place. People had access to training and information advising them how to recognise abuse and how to stay safe. One person described how they had been taught how to stay safe when using the internet and to be aware of the risks of developing on line relationships with strangers.

In addition people had access to advocacy and counselling from staff who had been students at the college who understood and recognised their diverse needs and the

challenges they might face. People learnt strategies to cope and deal with obstacles they might come across. Staff commented on the positive changes in people who were able to manage relationships with others, stay safe in their community and use the internet safely. For example, one person had previously been bullied and was very withdrawn when they moved into the home. They were now a fully participating member of the student parliament representing others.

When people felt unsafe, or staff recognised signs of potential abuse there were robust systems to protect them from potential or further harm. Staff had access to training in the safeguarding of children and adults. Information was displayed around the home for people and staff prompting them about how to recognise and report suspected abuse. Staff had an excellent understanding of their roles and responsibilities in recognising abuse and the procedures they would follow. They described how they would recognise when people were at risk of abuse or discrimination and what actions they would take to make sure people were safe or protected. When needed other authorities would be involved by the safeguarding team based at the college.

A 24 hour call system was in place to deal with concerns or give staff or people advice. People confirmed they would raise any issues with their key workers or senior staff. They knew who to contact at college if they had safeguarding concerns. All people living at Elizabeth had told the provider they felt safe living there as part of a survey in 2014. They were provided with secure facilities in their rooms. People had keys so they could lock their rooms if they wished. Where people needed help to manage their finances this was clearly identified in their care records and robust records were kept.

People were supported to live life to the full. They were supported to take risks when acquiring skills to be more independent. Risk assessments identified any hazards and how these could be minimised to keep people safe from harm. The PIR stated, “Staff are skilled in measuring risks and then supporting students to take risks in a supported environment.” Staff stressed it was important for people to learn from experience, minimising restrictions on their lifestyle choices whilst also making sure they were aware of the consequences of their actions. People confirmed they were involved in discussions about the impact of any



Is the service safe?

decisions they made and how to manage risks. For example, one person described how they took their own medicines, “this gives me more freedom and I don’t have to ask the nurses”.

For people who occasionally became upset or angry there were strategies in place to help them to become calmer. Staff had an excellent understanding of people’s anxieties, what might upset them and how to help them to deal with their feelings. Clear guidance was provided by a team based at the college who worked with people and staff to find the best ways to help people manage their emotions. Staff described distractions they might use such as using sign language, humour or music. A person was observed listening to their favourite music to help them to become calm. Another student commented on a room they used, “We come here to chill out, drawing and colouring is very therapeutic.” People’s dignity and rights were promoted by staff who recognised how people were feeling and understood what people were attempting to communicate. Staff confirmed physical intervention was not used.

People had been involved in fire training and knew how to respond to fire alarms. They had individual plans in place should they need to be evacuated. Emergency information had been provided for staff in case of utility or equipment breakdown. Any accidents, incidents or near misses were responded to quickly and action taken to prevent these happening again. Staff said they learnt from these and sought alternative ways of keeping people safe. For example, making sure stair gates were kept shut and people had appropriate levels of support when moving between floors of the home.

People had access to a well maintained environment which promoted their safety. A maintenance person carried out health and safety checks at the appropriate intervals. Comprehensive records were maintained for fire systems, electrical appliance tests, water checks and the servicing of boilers. Arrangements were made for the servicing of people’s wheelchairs and any other equipment people might need to use.

People were supported by appropriate levels of exceptionally skilled staff to keep them safe and to meet

their individual needs. Staff embraced opportunities for learning and putting their knowledge into practice. Staff said mentors had been introduced to provide help, support and advice to newer members of staff. They also said the senior staff and management team were available to help out when needed. The registered manager and senior managers from the college had also worked shifts at the home. Staffing levels were adjusted during holidays to reflect the needs of people staying for respite care.

Some people needed the individual support of staff at all times and other people needed two staff to help them occasionally. Staff worked together to provide the right levels of support for people to keep the safe and to take into account their lifestyle choices and commitments. When people were admitted to hospital additional staff were provided to stay with them for as long as was needed. Parents of one person had agreed with staff to share this responsibility between them. The flexibility of the provider to ensure appropriate staffing levels was illustrated by their response to the discharge of a person from hospital who needed additional nursing support. This was immediately arranged to ensure the person could return to the home.

People said they would raise concerns about staff if they had them. Staff were confident they would be listened to if they had concerns about the conduct of colleagues. The manager discussed how the performance of staff was monitored and how action would be taken to support them with performance issues or to address poor practice.

People had access to their medicines which were safely managed and administered. Well managed systems were in place to monitor the competency of nurses and designated staff who administered medicines. Each person had a secure place to keep their individual medicines. People were supported to learn how to manage their medicines if they wished. For some people this meant they had complete control of their medicines whilst for other people prompts were needed from staff. All medicines were administered, stored and managed in line with the Royal Pharmaceutical Society’s guidance.

Is the service effective?

Our findings

People told us, “Staff are great” and “Really good staff, they have looked after me well”. Staff described people’s routines, their likes and dislikes and how they made sure each person received the care and support which reflected their individual preferences. They had a comprehensive understanding of people which was based on people’s assessed needs. Staff were observed effectively communicating with people by interpreting their body language, using sign language, pictures or communication aids. People and staff had the advantage of being able to access the college’s research and development team for assistive technologies who could provide support, training and access to a wide range of communication tools. They were also able to develop custom-made equipment for people where needed. This creative use of technology to promote positive communication between people and staff was integrated into daily life at Elizabeth House. For example, people had headphones, visual aids and colour coded key boards to support them to communicate independently.

People were supported by staff who had access to an extensive training programme. The provider information return (PIR) stated the knowledge and skills imparted to staff enabled them to work creatively and effectively with people to be independent and to achieve their aspirations. Staff commented, “We have excellent training”, “I had a really good mentor who took me through my duties step by step” and “Extra training is provided.”

Staff received training from Star training based at the college. They were accredited to deliver the diploma in health and safety, the care certificate and all training considered as mandatory by the National Star Foundation. In addition to the induction training and core training delivered by the college to staff, training could be provided to reflect people’s individual needs. For example, training from the physiotherapist or occupational therapist focussed on each individual’s personal requirements. Training kept up to date with national guidance and best practice linked to the provision of care for people with disabilities, autism and learning disability. The PIR said, “staff are invested in to ensure they are trained and have the opportunity to maximise their practice” so that they can “support students to learn new skills” and “maintain their health and well-being to a high standard”.

Staff said, “The team is incredibly strong”, “Everyone pitches in” and “There is always someone to help out”. New staff were nurtured through their induction, shadowing existing staff and working with an individual mentor. They had individual meetings throughout their induction to assess their training needs and performance. Support and development meetings were scheduled for each member of staff quarterly with an annual appraisal to reflect on their performance. Audits had identified these had not been taking place as scheduled for some staff and this was being monitored to make sure they were carried out. Observations of staff carrying out their roles confirmed their competency and understanding of the training and knowledge they had acquired.

Handovers and staff meetings ensured robust communication between staff and senior managers. This was reinforced with email and telephone contact. Staff confirmed there was open communication with the manager, registered manager and senior managers based at the college. This provided staff with the opportunity to make sure their training and support needs kept pace with the individual needs of people living at Elizabeth House. For example, planning ahead for people staying for respite care.

People volunteered to help key staff develop areas of their care and support. These champions met to review areas such as social activities, housekeeping and menu’s and to explore how they could improve people’s experience of living at the home. Staff had been nominated as mentors to pass on their experience and knowledge to other staff, as well as some staff being allocated key responsibilities for safeguarding and medicines management.

People’s capacity to consent and make decisions had been assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. Care plans recorded whether people were able to consent to aspects of their care. Where people were unable to make decisions about their care or support, mental capacity assessments had been completed as part of their admission identifying significant people such as their parents or social and health professionals who would be involved in best interests meetings.

When people were assessed as not having the capacity to make a decision, a best interests decision had been made involving people who knew the person well and other

Is the service effective?

professionals, where relevant. Staff knew people might have fluctuating capacity to make decisions about aspects of their daily care or support. Staff described how they made decisions on people's behalf in their best interests on a day to day basis such as supporting them with personal care or to attend college. Some people had major decisions, such as where to live, made in their best interests. These were recorded and evidenced who had been involved in the decision making process.

Deprivation of liberty safeguard (DoLS) standard authorisations had been submitted for three people living in their home to their local authorities. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Another three people living in the home had been assessed DoLS authorisations in place to ensure they did not suffer harm. The manager and staff had a good understanding of the MCA and DoLS. People had other restrictions placed on them to keep them safe from possible harm. For example, wearing a lap belt in their wheelchair or having bed guards on their bed. Consent for the use of such restrictions was recorded in their care records.

People said they enjoyed the food and they were able to choose from a range of options such as two main meals, a salad or jacket potato. If they wanted anything different they could just ask. People's individual dietary requirements had been identified in their nutritional care plans. For some people this meant their food needed to be cut up or moistened with sauces. Other people liked to have their food prepared in a special way or did not eat certain types of food. Where people needed help or support to eat this was provided sensitively and at their pace. People were encouraged to be as independent as possible. Specialist crockery or cutlery was provided. People were able to cook their own meals if they wished. They helped themselves to hot or cold drinks and snacks in the life skills kitchen which was available for their personal use.

If people were at risk of poor diet or dehydration this was highlighted in their care records. If there were concerns about people's health their daily records referenced what they had eaten or drunk. People were weighed quarterly or sooner if needed. Referrals to a speech and language therapist or dietician were made as required. Their recommendations were incorporated into people's care records. Where people had allergies to food these were

identified. Information was kept in the kitchen as well as in their individual care records. Some people had their food through a percutaneous endoscopic gastrostomy (PEG) feeding tube but could also have food and drink tasters at meal time. Staff were aware of the risks of choking and followed the relevant guidance when supporting people.

People's day to day health care needs were monitored by the nurse. They had established links with health professionals locally and nationally to make sure people stayed healthy and well. People could register with a local GP if they wished. They could also access a GP at the college. Some people preferred to stay registered with health care professionals at their home address. People were supported to access emergency health care and outpatient appointments at the local hospital. A person told us they were advised by staff about their health. A member of staff confirmed, "We told him about changes to his medicines and his treatment". For another person the registered manager was working closely with dental services to find ways of providing dental treatment acceptable and appropriate to them. When people's needs changed staff liaised closely with the relevant health professionals, keeping people and their relatives fully informed.

People's diverse and complex needs had been considered when adapting the environment to meet their individual needs and providing the equipment they needed to be as independent as possible. People had personalised their rooms to reflect their interests and hobbies. Shared rooms were accessible to all, including the dining room, lounge, computer room, laundry and craft room. The life skills kitchen had been fitted with rise and fall worktops to enable access for people who use wheelchairs as well as ambulant people. Switches around the home were placed at a height accessible to people who use wheelchairs. Likewise the two lifts enabled people to move freely around the home and the controls were at an appropriate height as well as using normal and braille buttons. Call bells were provided which used a colour coded system for ease of use.

The home was accessible to people using wheelchairs. Ramps from the car park provided access to the main entrance. Gardens provided patio areas accessible to everyone. People's wheelchairs were stored tidily and were charged when not in use. Walking frames and standing frames were provided. Ceiling and portable hoists were

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provided. Bathrooms were adapted to provide assisted baths and hand rails had been fitted into shower rooms. Display boards around the home were used to display easy to read information and guidance as well as photographic displays.

Is the service caring?

Our findings

People described how they could talk with staff and managers who they found to be open and accessible. People were observed spending time with staff and enjoying their company. They interacted well, smiling, laughing and joking. Staff showed concern and care and were responsive to people's needs. They explained what they were doing and why; whether helping people to eat or supporting them with personal care or activities. Staff were attentive to each person whilst also acknowledging and recognising the needs of others. If they were unable to help straight away because they were with another person they explained this and promised to get back to the person when they could. Which they did.

Meeting people's needs was foremost. A member of staff commented, "It's outstanding care, it's amazing. Everyone goes out of the way to help, cutting breaks short or working late." Another member of staff said, "I would never walk out (at the end of shift) if someone needed help with personal care". This was reinforced by senior managers who reflected that staff had gone "that extra mile" when a person was admitted to hospital telephoning to find out how they were and offering to sit with them. Other staff had visited holiday venues to risk assess them in their own time as well as responding to calls for last minute cover at Christmas. A representative of the provider said, "No one minded being disturbed on Christmas Day, that speaks volumes for our staff." A person told us, "I feel at home here, we do get a choice to either go home during the holidays, but I usually prefer to stay at this house."

When people were unwell, nurses and care staff worked closely with other health professionals to alleviate any pain or discomfort they might experience. For people who occasionally became anxious or upset there was guidance in place for staff to help them become calm. Staff spoke with understanding and sensitivity about how they responded to people and supported them to regain a state of well-being. One member of staff said, "It's a different way of displaying having a bad day, it's about our approach and empathising." A representative of the provider commented, "No matter what role we have in the college, we understand the student and we are there for the student." This was illustrated by how the staff team had raised concerns about a person who was losing the ability to

stand. They worked closely with health care professionals to look for different ways of supporting the person to maintain their ability to do standing transfers when moving from one piece of furniture to another.

People's backgrounds were discussed with them before they moved into the home which included their cultural and spiritual beliefs. People were supported to attend religious services locally. When planning menus, people's cultural background was considered. Themed nights were used to explore the food and social activities from different cultures around the world. People were supported in their relationships with others. They could talk to counsellors based at the college and told us they would always talk with staff named to look after them (key workers). If people wished to have privacy this was respected. When people had preferences about the gender of care staff supporting them with their personal care this was highlighted in their care records. The diversity of the staff group allowed for their wishes to be respected.

People described the ways in which they were involved in shaping the service they received. People's communication skills did not limit their participation. Staff took time to interpret their responses whether verbally, through body language or the use of communication aids. People told us they discussed their care and support individually with staff. Their involvement also included being representatives with staff on committees to develop activities such as gardening or menu planning. In addition students' meetings were attended by the manager or registered manager. People were able to give feedback about the home as well as being informed about service developments. Each year people took part in an annual survey enabling them to comment on their experience of living in the home and college life. One person had commented, "I am happy with the care and support I get" and another said "I love living here". One person was a representative at the student parliament and able to highlight any residential concerns through this forum to senior management. A common theme raised by students was not having sufficient staff to support them in activities of their choice. The manager confirmed they had plans in place to make sure this happened.

People had access to advocacy if needed. Information was displayed around the home about how to access local and also college advocacy services. The college advocacy services run by an ex-student were accessible by email, on

Is the service caring?

line, telephone or in person. The manager said if an Independent Mental Capacity Advocate was needed for a person this would be arranged. The college actively promoted the work of Disability Rights UK ensuring people had access to information about their rights and were supported to access external agencies.

People said they were treated with dignity and respect. Their care records clearly prompted staff to consider how personal care was provided, promoting privacy and the person's preferences. One person told us it was important to them that the door to their room was treated like their front door. They said other people and staff respected this. Some people chose to keep their doors open and staff were observed knocking and announcing themselves. Each person had been given a medicines cabinet in their room so they could have their medicines in private. Where people shared a room with another person they had agreed to do this. Privacy screening had been provided.

People's care records were kept in their rooms and also stored electronically. Staff had to use passwords to access electronic records. Some information about people's nutritional needs was held in kitchens so staff could access

these records when needed. At the time of the inspection these were moved to more discreet locations so they would only be accessible to staff. People's personal medical records were kept securely in an office.

People's rights to be treated fairly and equally were at the forefront of the service they received whilst living at Elizabeth House. A member of staff commented, "We are really protective towards our students and promote their rights." People's differences were recognised and embraced. A member of staff said, "Students are all so different, I love giving them support."

People recognised the support they had received to become more independent around aspects of their life. They told us, "I can do my washing but need guidance here and there", "I get the help I need and feel more independent", "I like living at Lizzie house because I have got more independent" and "I have learnt how to catch a bus into town and back. I am happy as I am working on my independence." A representative of the provider told us, "What we do best, is develop people's aspirations. We support them to be more independent, fill them with confidence, to say 'I can do this'."

Is the service responsive?

Our findings

People's care records were individualised to reflect their backgrounds, routines important to them and aspirations for the future. Details included how they liked to dress or have their hair done and preferences for how personal care was delivered. In addition to this as a student at the National Star College each person had chosen a learning pathway. As part of this they were able to learn life skills at Elizabeth House and had identified individual goals such as learning to use transport or preparing a meal. Care staff worked alongside college staff to help people achieve these goals.

People's care records identified what they could do for themselves, what they needed help or prompting with and where staff should provide support. Step by step guidance explained what support people needed. Staff were observed assessing whether people needed support or could carry out tasks for themselves. For example, one person joined others in the dining room and transferred from their wheelchair to a normal seat. Seeing them standing up, staff said "Well done" as words of encouragement.

A person described how they met with a member of staff (key worker) allocated to work with them to review their care needs. They said if their needs changed their discussions were used to change their care records which would be re-written and given to them for approval before signing. When needed staff read people's care records to them and sought their approval through interpreting their body language or using a communication aid. People's involvement in their daily care and support was recorded in daily notes referencing when people had prompted staff to carry out their care and support. The provider information return stated, "Students are encouraged to lead on their own care plans and risk assessments. For students with complex requirements there are different ways of ensuring they can contribute and that their plans are designed around them."

People's care focussed on them as individuals. Where people had problems with the condition of their skin strategies were in place to monitor their skin and protect it from deteriorating. For example, creams were applied, people were encouraged to change their seating position throughout the day and special mattresses and seat

cushions were provided. People's tissue viability care plans cross referenced with their nutrition and moving and handling care plans to make sure the support they received was responsive to their individual requirements.

Adjustments were made to make sure people received the care and support they needed to be independent. People who were at risk of epileptic seizures were closely monitored. A variety of alarms could be used with their permission to make sure they were safe and well when they were in their rooms. Staffing levels reflected people's individual needs so if they needed one to one support from staff this was provided. Staff knew how to respond and when to give emergency medicines or call the emergency services. Protocols were in place to guide staff how to support people with epilepsy to receive safe care and support when out and about for example swimming.

People were fully involved in planning and choosing the range of social activities they could participate in. People told us they enjoyed lots of activities and trips out. They were able to remain at the college to join in evening sessions if they wished. Recent feedback had identified there was room for improvement in evening activities at Elizabeth House. As part of a trial there were planned activities for three evenings during the week. People said they also had trips out into town as well as places of interest. One person had enjoyed, "The Circus Show; it was a thoroughly enjoyable experience." Whilst at home people said they liked to use the computer room, electronic games and craft room. A sensory room was being developed and people had started to decorate the room with coloured objects such as heart and butterfly mobiles.

People were supported to try out work placements both within the college and their local community. Support was provided during these placements if needed. They also had the opportunity to take up employment opportunities at the college and supported internships with local employers. People had attended an event to hear local politicians talk about their beliefs before the recent local and national elections. People confirmed this had helped them to decide how to vote.

People knew how to make a complaint and who to talk with. They said they would chat with their key worker, the manager or registered manager. One person told us, "I can talk to staff or my key worker. My key worker will sort it." Information was displayed around the home using pictures and plain English to explain how to make a complaint. The

Is the service responsive?

manager said they had received two complaints which had been investigated and which were resolved with the person and their family. The manager said they preferred to talk through complaints face to face with the complainant. Any complaints were reflected upon and relevant learning was taken forward to improve the service. The manager said, “Students need to know we listen and take action when they say things don’t work”.

People starting life at college were invited to attend visit days at the college campus or find out more on line by a virtual tour. They were given a guide explaining the services provided which included information about Elizabeth House. People and their relatives were encouraged to visit the home to find out if it met with their personal needs. Staff worked closely with other social and health care professionals to make the transition as smooth as possible. This included ensuring the accommodation met with their individual needs and any adaptations or equipment were in place when the person moved into the home.

For people staying at Elizabeth House during the college holidays, visits were arranged and staff liaised with the college or other college residences to make sure they could meet with their assessed needs. Nurses met with people at

their current residence and had a handover with staff about their nursing and personal care needs. Staffing levels were adjusted to reflect these. The manager said the benefit of offering a respite service to students meant they did not have to move to an unfamiliar respite provision in their holidays. Elizabeth House was able to provide them with consistency and co-ordinated support.

When people came to the end of their college course they were supported through this transition to make plans for their future. One person said, “I have been told I can stay here [Elizabeth House] until my housing is sorted out.” Another person said they were looking forward to returning home. People were given information about a range of options and made choices which reflected their personal aspirations. Staff worked closely with people to co-ordinate with representatives from social services, housing or colleges. A member of staff said they could accompany people moving to new housing to work alongside staff until they settled in. Senior staff commented they were well positioned to liaise and co-ordinate people’s futures with their links to social and health care professionals, employers and education.

Is the service well-led?

Our findings

People told us, “It’s really good here” and “I love living here.” People were encouraged to comment about the service they received, to change and adapt it to what they wanted. People were fully involved in a range of ways, from taking the lead in the planning and delivery of their individual care to participating in committees to reflect on activities and meals. Likewise the views of staff were just as important. Staff meetings, handovers and individual meetings provided the opportunity for them to share ideas, problems or make suggestions to improve the service. The manager said, “It’s important for student and staff morale, to give them a voice and revisit and give them feedback about what progress has been made.” Recent improvements had included increasing the choice of meals each day from two to four main meals and extending the rolling menu from four to six weeks. This gave people much greater variety and choice.

People popped into the office to talk with the manager or asked for private time with them. Staff also had access to the manager. They said the manager and senior staff were open and accessible. By working shifts alongside staff they were also “positive role models” and staff appreciated they were “really hands on, helping out when needed”. One member of staff commented, “Managers practice what they preach.”

The vision of National Star Foundation and Elizabeth House to promote “A world in which people with disabilities are able to realise their potential as equal and active citizens in control of their lives” was strongly embedded in the support people received and was actively promoted by staff. This was illustrated by the way in which people were immersed in the running of their home and encouraged to take steps towards independence and to achieving their aspirations. Staff commented on the changes in young people who moved into the home who blossomed and matured into young adults with “confidence and a sense of purpose and achievement”. A representative of the provider said this was achieved by “investing in the staff team to make them as great as they are” and “to work with their aspirations to equip them to meet the needs of our students”.

The manager and registered manager had a variety of methods to monitor the culture of the service and to ensure staff reflected the values of the organisation for

equality, independence, diversity and self-determination. The involvement of people living at the home and their growing confidence and achievements were testament to this. This was also illustrated by the dedication and determination of all staff to promote people’s rights for instance challenging funding decisions or looking at creative ways of supporting them to access healthcare. A member of staff commented, “It’s outstanding care, it’s amazing, everyone goes out of their way to help”.

The manager described the challenges facing them not least getting transport to college organised efficiently so people got there on time and co-ordinating respite services. Changes to the way people’s belongings were transported to college had improved punctuality and pressures on staff. Before people stayed at the home for respite, nurses liaised with staff supporting them to make sure they had up to date care records and any equipment or medicines were brought with them. The registered manager commented, “Each respite stay is better than the last, we have learnt and developed the service.”

As part of the journey into adult hood people occasionally took risks which staff supported them to take as safely as possible. When people had accidents or incidents or complaints were made, actions were taken forward to prevent these happening again and to learn from people’s experiences. The manager stressed the importance of learning from mistakes when they happened.

People and staff commented positively on the management style and approach. The registered manager frequently visited the home and attended meetings with people living in the home, staff and managers. They were aware of their responsibilities with respect to being registered with the Care Quality Commission (CQC). The registered manager was supported in the home by a manager and deputy manager. Support for the registered manager was provided by the senior management team based at the college. They said all staff from the Principle of the college, to senior management and residential services staff “no matter what their role, had personal knowledge of people, understood them and were there for them.” The provider information return (PIR) stated, “The ethos and culture of the organisation starts at the top and is filtered through all the teams and then directly into the experience of each student”.

Through attendance at the student parliament people were able to feedback to senior management of the

Is the service well-led?

National Star Foundation and raise the profile of their experience of living at Elizabeth House. People were able to apply pressure for the allocation of resources for the refurbishment of their lounge area and creating a sensory room.

Robust quality assurance processes were in place to assess and monitor the standards of care and of people's experience of living at the home. Audits by an assessor from the college identified how the home had complied with the CQC's five key questions. Where issues were found actions identified what needed to be done. These were monitored at future visits to make sure they had been completed. People's feedback was part of this process. In addition people took part in an annual survey of their experience of college and living at Elizabeth House. The PIR commented feedback from staff at the college and other social and health care professionals was "encouraged" and the "management team are forward thinking and creative, always happy to receive feedback and work to improve".

The National Star Foundation strove to promote best practice and to deliver high quality care. They received regular bulletins from external agencies such as CQC, Ofsted and national guidance about children and adults. The home had received the top award of five stars from the local environmental health agency for the management of food. The college, the Principal and the registered manager had received national awards recognising their commitment and approach to ensuring people had the best experience of their lives and their vision to realise people's potential. The manager described how they valued their staff recognising too their part in this process. A member of staff had been shortlisted in the national care awards for their "ability to get the best out of students" and as a direct result one "student had flourished".