

Mitchell's Care Homes Limited

Rainscombe Bungalow

Inspection report

Rainscombe Farm
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21 May 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Rainscombe Bungalow provides care and accommodation for up to six people with learning disabilities, autistic spectrum disorder and behaviour which may challenge others. People had a range of communication needs and abilities, which included body language and gesture. At the time of our inspection there were three people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

We spent time with people during our visits and observed their interaction with staff. Without exception feedback received regarding the service was positive. People's relatives said that the service was of a high standard. People were cared for by genuinely kind and compassionate staff who were dedicated and committed to ensuring that people received the care they needed and live the lives they wanted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management and staff created a warm and relaxed environment and we observed a strong caring relationship between people and all grades of staff. Staff demonstrated a depth of compassion and empathy and genuinely cared for people they supported. Staff were highly skilled and had extensive training. They had the skills, knowledge and confidence to effectively support people with a high level of needs.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were quality assurance systems in place to help monitor the quality of the service and identify any areas which might require improvement. Staff listened to feedback and reflected on how the service could be further improved.

The service was well led. The manager's values and vision were embedded into the service, staff and culture. The provider and registered managers were passionate and committed to developing a service where people received genuinely person-centred care. This was evident throughout our visit. Staff told us, 'I feel very proud to be working [here] and be a part of the Rainscombe Bungalow team'.

The service was safe, with systems and processes which ensured that any concerns were reported to appropriate authorities without delay. There was a stable staff team. The service had high levels of staff retention due to the positive and supportive culture.

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

Rating at last inspection:

At our last inspection in September 2016 we rated the service good. The last inspection report was published 4 November 2016. At the inspection we found areas that required improvement. The provider had not maintained appropriate procedures in relation to people's personal finances. Following the inspection improvements were made and conditions were imposed on the provider's registration.

Why we inspected:

We completed a planned comprehensive inspection based on the previous rating of Good.

Follow up:

We will review the service in line with our methodology for 'Good' services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Rainscombe Bungalow

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector undertook this inspection.

Service and service type:

Rainscombe Bungalow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rainscombe House is registered to provide personal care and support for up to 6 people.

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

Notice of inspection:

The comprehensive inspection took place on 14 and 21 May 2019. The visit on the 14 May was unannounced, which meant the manager and staff were not aware that we were coming. Short notice was given for the other day so that we could spend time with the people living at the service.

What we did:

Before the inspection the provider completed a 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 took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection we observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.

For example:

- ☐ Notifications we received from the service
- ☐ One staff recruitment file
- ☐ Training records
- ☐ Two people's care records
- ☐ Records of accidents, incidents and complaints
- ☐ Feedback the service had received from visitors to the service, including relatives and healthcare professionals
- ☐ Audits and quality assurance reports
- ☐ We spoke with two people living at the service
- ☐ We spoke with the registered manager and all staff on duty

After inspection we were sent additional evidence and information that we requested, to corroborate our judgements of the service.

For example:

- ☐ We received feedback from two healthcare professionals
- ☐ We received additional feedback from staff

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed on admission to the service and regularly updated. Where risks had been identified these had been assessed and actions were in place to mitigate them. Staff provided support in a way which minimised risk for people. Risk assessments included the risks associated with people going out. Clear individual guidelines were in place for staff to follow to reduce the risk.
- We saw comprehensive risk assessments regarding the numerous risks associated with taking people on holiday to Spain. These included the risks associated with a busy airport and the hustle and bustle of boarding a plane. The registered manager had liaised with the airline and explained the individual challenges people faced. He had arranged for them to board the plane first, get off last and all be seated together at the back of the plane, to lessen people's anxieties.
- The registered manager and staff had a positive attitude and showed a great deal of determination to manage and overcome the challenges and risks a foreign holiday entailed.
- Positive behavioural support plans and risk assessments provided staff with comprehensive guidance and this information was reviewed and amended when required and with the involvement of the person.
- Staff were clear about their responsibilities regarding premises and equipment. Environmental risk assessments had been completed, which assessed the overall safety of the service.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff team had a very positive and person-centred approach in managing and reducing safeguarding incidents. Their approach in protecting people from harm had a significant impact on people that had led to positive outcomes. Prior to moving to the service, people had experienced previous placements where incidents of challenging behaviour were reported to be very high and since being at the service this had significantly reduced. The approach of staff and their positive attitude in motivating people to be active had attributed to a reduction of incidents. This was confirmed by an external professional who told us, 'Behavioural problems are managed sensitively and with respect to people.'
- One person with complex and challenging needs had experienced a failed placement prior to moving to the service. Before moving in, a detailed assessment was completed followed by a transition plan. Due to the approach of the registered manager and the staff team the placement had proved to be a success. This person looked happy and relaxed at the service. The person was beginning to lead an active and fulfilling life due to the positive approach of staff. Without this opportunity this person was at significant risk of living with restrictions on their freedom and liberty.

- Staff had completed training in safeguarding people from harm and abuse. Staff we spoke with were clear about their responsibilities to report concerns and were extremely confident that action would be taken if concerns were raised. Staff were able to describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. This included notifying the local authority. Staff told us that they were happy with the training they received.

Staffing and recruitment

- There were enough staff to provide a regular, consistent service for people. Staff were available and responded quickly to people. There were sufficient staff to provide 2:1 care for people with high behavioural needs when they were out in the community.
- There was a stable staff team. The service had high levels of staff retention due to the positive and supportive culture. The registered manager told us they would work a care shift rather than use agency staff. The registered manager was available and could be contacted out of hours for telephone advice or support.
- Staff were recruited in line with safe practice and we saw a staff file that confirmed this. Checks were made to ensure staff were of good character and suitable for their role. These included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Any gaps in applicants' employment histories were checked as part of the recruitment process.
- We were told, and records confirmed that people were included in the selection of new staff. People were part of the interview panel and were supported to ask candidates a question, for example, 'How can you improve my life?'

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Each person had a medication administration record (MAR) detailing each item of prescribed medicine and the time they should be given. Staff completed the MARs appropriately, for example staff waited to check people had taken their medicines before signing the administration records.
- There were clear guidelines medicines required as needed (PRN). We were told, and records confirmed that people's medicines were regularly reviewed. Feedback from a GP included, 'I have seen several residents coming from other placements and settling in very well and on some occasions this has led to a reduction in psychotropic medicines [medicines which effect / control emotions and behaviour].'
- Feedback from a visiting healthcare professional included, 'Staff are always very engaging with non-pharmacological approaches to the management of behavioural presentations alongside promotion of rationalisation to psychotropic medication in line with STOMP-LD guidance.' STOMP is an NHS England initiative. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.
- Staff told us of the training they had received in medicines handling which included observation of practice to ensure their competence. All the staff we spoke about giving people medicines told us that they felt confident and competent.

Preventing and controlling infection

- The premises and gardens were exceptionally well maintained and well presented. Feedback from visiting

healthcare professionals included, the home was always, 'Clean, tidy and presentable.'

- There were arrangements in place to ensure the service was kept clean. There was an infection control policy and the registered manager carried out infection control audits.
- Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visits.
- Staff understood the importance of food safety, including hygiene, when preparing and handling food. Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage meets national guidance.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that took place at the service. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.
- One person had experienced a high number of falls. Following this, comprehensive assessments had been carried out which included referrals to GP, physiotherapist and the falls prevention team at the local hospital. Guidelines to reduce the risk of falls and injury had been put in place, this included the use of a wheelchair in the community and wearing a helmet. We saw that the guidelines were followed by staff and had led to a significant reduction in falls.
- A reflective practice approach was adopted by staff which encouraged discussions when incidents had happened. Staff were supported to reflect on events using a team de-brief following any incidents relating to behaviours which challenged. This enabled the team to learn when things had gone wrong.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was adapted and designed around people's needs. For example, a bathroom had been remodelled and adapted to meet the specific needs of one person. Prior to this the person had experienced poor outcomes as they had refused all personal hygiene. The structural changes to the bathroom had enabled the person to have a daily shower.
- The premises and gardens were well maintained and well presented. People's needs were met by the design of the premises.
- The service offered choice to people in the layout and décor of their rooms and people had their own belongings around them.
- Staff had office space away from living areas and the service had a homely feel.

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

- The registered manager gave numerous examples of when they had had to fight for people's rights to appropriate healthcare. For example, for a person to have a specialist nursing style bed. They told us how they had encountered many difficulties getting funding for the required equipment. The person had reduced mobility as part of the ageing process and had become at risk of pressure damage. This high level of commitment ensured that their needs were met.
- The service is registered to provide care to younger adults, however the registered manager was committed to evolving the service as people's needs changed so that it could be people's forever home. The registered manager and staff had completed additional training and were keen to develop their skills as it became necessary to ensure that they remained able to meet the needs of the people currently at the service as they aged.
- The registered manager demonstrated a great deal of passion in advocating for the rights of people. He told us that, "Just because people have learning difficulties does not mean you can treat them differently" and, "They are equal". He said that, "We [me and the staff] will never stop fighting for our residents". This sentiment was echoed by all staff we spoke to.
- When people had been admitted to hospital, staff had stayed with them to ensure they received continuity in support and were able to communicate with hospital staff. Feedback from hospital staff regarding a person's recent hospitalisation included, 'It is quite rare that we have a staff team so involved in patient care and social needs whilst admitted with us.'

- People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and this meant that people's needs were consistently met. Staff were highly skilled and affective at identifying people's physical health needs or issues based on how they expressed themselves, including non-verbal cues. Feedback from healthcare professionals included, 'The manager is very knowledgeable. There is lots of proactive and positive work being done.'
- Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed. People's health conditions were well managed and staff supported people to access healthcare services.
- The service escalated when they felt people were unwell, even if there were no physical symptoms, and advocated for them when they were unable to communicate their needs to ensure any concerns were fully investigated and explored.
- Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. Staff completed a handover at the start of each shift.
- Staff knew people well and care records contained details of multi professional's visits and care plans were updated when advice and guidance was given.

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

- One person had frequently absconded from their previous placement on one occasion this had resulted in a serious injury. They had had numerous incidents of hitting staff and other people at the service. The staffs consistent and positive approach had led to a complete reduction of such incidents. Supporting people in this way had improved people's quality of life by enabling them to participate in more activities, particularly in the community, and reduced social isolation. For example, they were now able to attend a public swimming pool and a local gym. People were also more able to visit and spend time with family and people important to them.
- There was a focus throughout team meetings, supervisions and daily staff interaction on reviewing and adapting and evolving staff approach to improve support and outcomes for people. We saw that the staff meeting minutes contained a, 'You could try this' section. A staff member said that, 'The manager is always encouraging us to bring ideas to improve the quality of care that we provide and to promote independence'. The staff team constantly looked for new and innovative ways of working and discussed how they may benefit individuals.
- Staff were encouraged to discuss ideas and views on ways of working with people, there was a whole team effort to trying and testing a new approach and information was used in a very effective way to review whether the new approach was working.
- People had their care and support needs assessed before they moved in to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. People's needs, and choices were continually assessed and care was delivered in line with current best practice to consistently achieve positive outcomes for people.
- Assessment of people's needs included the protected characteristics under the Equality Act and these were considered in people's support plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination.
- Staff demonstrated thorough knowledge of people's needs. They were able to discuss people's care and support needs in great detail without referring to written care documents. Feedback from healthcare professionals included, 'Staff are knowledgeable about people.'

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

- People had enough to eat and drink throughout the day.
- Staff were skilled at observing people's body language and using this knowledge to anticipate people's needs. For example, Staff were seen to interpret small hand movements as a person wanting a drink.
- Staff were aware of people's individual preferences and patterns of eating and drinking. We saw that people with more complex care needs were supported to eat their meals with staff assistance. Staff offered gentle reminders to people to eat slowly and not to talk whilst eating to reduce their risk of choking.
- Staff consulted with people and or their relatives on what type of food they preferred and ensured that food was available to meet peoples' diverse needs.
- People's food and drink intake was monitored to ensure people received sufficient amounts each day and to monitor people's health. People's care plans contained information about their dietary needs and / or any swallowing difficulties they may have.
- People's weight was recorded to monitor whether people maintained a healthy weight. Advice and guidance was sought from appropriate professionals to support people with their dietary needs. This was followed in practice by staff. Staff were able to detail people's specific dietary needs without referring to written documentation. Referrals were made to speech and language therapists if required. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

Staff support: induction, training, skills and experience

- On starting work at the service new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the manager. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Following induction all staff completed a range of training to ensure they had the skills and knowledge to meet people's needs. Staff received regular training in subjects that were considered mandatory by the provider and best practice national guidance.
- The staff training in the management of people with complex behaviour needs was tailored to the specific people at the service. The training focused on people's individual behavioural support plans with a competency assessment for staff to ensure their understanding. This ensured that staff effectively provided person centred care for people and they had the skills, knowledge and confidence to effectively support people with a high level of needs.
- Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they were happy with the level of training provided and felt that it gave them the skills and knowledge needed to provide good care. A staff member told us, 'I have training which is required by the needs of the service to provide a high and safe quality of care. I have developed a lot of skills, being able to manage a shift, administer medicines safely, completing daily paperwork and delegating duties.'
- Staff told us there was sufficient time within the working day to speak with the manager. During our inspection we saw good communication between all staff. Staff told us that they could discuss any issues or concerns at any time and that their input was encouraged and valued. A staff member told us, 'I feel very supported by my manager and he is always available if we need to speak to him.'

Staff working with other agencies to provide consistent, effective, timely care

- The manager said the service had good links with external professionals.
- The service worked with a wide range of professionals such as general practitioners, psychiatrist, dietician and speech and language therapists to ensure people lived comfortably at the service and their medical needs were met.
- People experienced very good healthcare outcomes and were supported by staff to access healthcare services as they needed them.

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made.
- Staff had received appropriate training for MCA and DoLS. All staff we spoke with had a good working knowledge on DoLS and mental capacity.
- Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. There were actions to support decision-making with guidance for staff on maximising the decisions people can make for themselves.
- During our visit we observed that people made their own decisions and staff respected their choices. We saw staff seeking people's agreement before supporting them and then waiting for a response before acting.
- Staff were aware of people's specific communication patterns. For example, one person moves to one side as their way of saying, 'No'. Staff were seen to acknowledge and respect this when offering the person additional sandwiches at lunchtime.
- Staff maximised people's decision-making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the choice available.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The caring ethos of the service was evident. There was a strong, visible person-centred culture. We saw people were treated in a caring way by staff who were committed to delivering high standards.
- People received care and support from staff who knew them well. From speaking with staff, it was clear they understood people's diverse needs, they were respectful and supportive towards people's lifestyle choices.
- There were numerous examples where people's wellbeing had increased after moving into the service. For example, less anxiety and distress and enjoying meaningful activities.
- Staff were skilled in talking to people and had a good rapport with people. All staff were highly motivated, care and support was exceptionally compassionate and kind.
- Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were relaxed. People were involved in discussions and decision making, resulting in people being treated as equals and feeling that they were important and mattered.

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

- Staff spoke with and about people in a respectful manner, whilst showing genuine affection for people.
- People's care was not rushed enabling staff to spend quality time with them and encourage them to do things for themselves.
- People were enabled and encouraged to be involved in decisions, choices and activities.
- Staff focused their attention on providing support to people. We saw that people were relaxed and appeared to enjoy spending time in the company of staff.
- Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. Each person had a communication support plan which was specific to them, it included specific verbal and non-verbal indications and what these meant.

Respecting and promoting people's privacy, dignity and independence

- Staff chatted with people who appeared to enjoy their company. The overall impression was of a warm, friendly and caring environment where people were happy.

- Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. We observed staff making sure people's privacy and dignity needs were understood and always respected.
- Staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.
- Staff observed any changes in people's mood, behaviours and how they expressed themselves. The service was quick to identify signs of discomfort and to fully explore reasons in a sensitive way.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported with personal goals, aspirations and had individual wish lists. This included a clear and structured approach that was discussed with the person and a plan developed that was monitored and reviewed regularly. These were individual to the person. One person kept looking up at the planes and said, 'Man, take me on a plane.' We saw clear evidence that goals were achieved. We saw that this person had enjoyed a holiday to Spain.
- Another person has expressed a desire to visit Dubai after seeing the skyline on a television programme. This goal had been acknowledged by the registered manager and staff. A plan was being developed in order for this goal to be achieved. Staff were really enthusiastic when talking about how they were working towards meeting this goal. The registered manager told us how they, "Try to make people's dreams come true."
- The above examples demonstrate how people's confidence, self-worth and personal autonomy had significantly developed. People's life had been enriched, they were happy, settled and positive about life.
- There was whole team approach to providing and contributing to keeping people occupied. Any activity ideas from staff were discussed with the people. Staff reviewed how each activity had gone. There were numerous examples of successful activities. Buggy riding at a local stable had proved to be a very successful activity.
- There was a programme of activities seven days a week that was very much based in people's interests and preferences. This was a mix of group and individual activities. This plan was displayed on notice boards and each person was given the information in a suitable format. This meant that people were engaged and occupied during our visit.
- The provider was following the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff broke down complex information to make it easy for people to understand and adapted information from other services or organisations and converting this to a format in line with an individual's communication methods.
- People's assessments included specific details of their communication needs, this included information regarding personal space and the appropriate distance from people when communicating with them. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice.
- Staff never let someone's anxiety or learning disability become a barrier to any activity or opportunity and

went above and beyond to enable people to participate. Sometimes this meant months of trying small steps towards an activity the person wanted to do, such as be able to go on an aeroplane for the first time.

- The registered manager and staff described the steps they had taken to enable all the people living at the service to have a holiday overseas. As well as the physical challenges there were significant administrative challenges to overcome, which included obtaining passports for people who had not had them before.
- The registered manager explained the challenges people with autism faced in a busy and noisy airport environment and the challenges associated with airport security and any close physical contact that it entailed. They told us how they had visited the airport with people in order to make the environment more familiar to them and how they had liaised with the airline to make special boarding arrangements.
- There was a thorough approach to planning and coordinating people's move to the services. The transition between services took in to account people's individual needs. The registered manager explained the admission process and how a thorough assessment was completed. This included staff visiting the persons previous home to get to know their needs.
- People's care and support needs were always placed at the heart of the service. People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds. Staff were able to talk about people's likes, dislikes and people important to them without referring to the care plan documentation.
- People received person-centred care that truly valued them as individuals. Staff had detailed knowledge of people's histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were. Staff went to great lengths to ensure they knew people well and spent time with people to the service to get to know them.
- Staff were observed being responsive to people's needs and assisting people. Each person had a key worker and staff knew how each person wanted their care to be provided. People were seen being treated as individuals and received care relevant to their needs.
- People were supported to maintain relationships with people that mattered to them and to avoid social isolation. This was based on staff understanding who was important to the person and their cultural background.
- Relatives were extremely positive about the approach of staff. Feedback included, 'There is an open and friendly environment. Efforts are taken to understand [Name] and to help him be stable, happy and safe.'

Improving care quality in response to complaints or concerns

- Staff knew how to provide feedback to the manager about their experiences and told us they were very happy to do so. They told us that if there was a concern it would be investigated quickly. A staff member told us, 'I am able to raise any concerns I may have to my manager and appropriate actions are taken to rectify any issue.'
- There was a suitable complaints procedure located in people's rooms. Each person also had a copy in the documentation provided on admission.
- The registered manager dealt with concerns and these were rarely escalated to formal complaints. We saw this was because all feedback was taken seriously and acted on promptly.
- Staff were accountable and took responsibility if there were errors or mistakes and when things could have been handled in alternative ways.

End of life care and support

- At the time of our inspection no person was receiving end of life care. People's wishes for their end of life care were recorded, including whether it was in their best interests to be resuscitated or not. Staff knew and respected people's wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was committed to make a real difference to people's lives. They ensured they maintained their knowledge and skills in their roles and were aware of their legal responsibilities.
- We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the managers company and that they were used to spending time with them. The registered manager knew people and their needs extremely well.
- The registered manager spoke positively about the people living at the service. He was able to look beyond people's behaviours and disabilities and see their individual personalities and characteristics. He described one person as having a, 'Talent' as they had overcome visual challenges and were able to find their way around the service.
- All staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to develop the service. They were extremely motivated and driven to keep standards of care very high and were very proud to work for the service, they demonstrated a strong level of commitment and dedication to the service. The registered manager spoke very highly of the staff team and genuinely valued their input.
- The registered manager told us, "Staff are passionate about delivering good quality care without compromise. They support People to meet their goals and develop their potential." He told us that he wants his team to be recognised for their hard work and dedication.
- Healthcare professionals, people's families and staff consistently told us the service was person-centred and well-led. People appeared at ease with staff.

Working in partnership with others

- The registered manager worked well in partnership with external health and social care professionals to improve outcomes for people. Feedback from a healthcare professional regarding concerns about a person in hospital included, '[I] observed the manager to be assertive and challenged what he believed to be poor decision making around the individuals discharge. I felt this was commendable action.'
- The service worked closely with local GPs to ensure people were on the least medicines possible and that these were regularly reviewed.

- A visiting professional told us that the staff team asked for, listened to and acted on advice and that staff were, 'accountable, efficient and helpful.'
- The provider was proactive in building relationships with other organisations and into the local community to provide people with the best possible experience.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe.
- Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary and had submitted safeguarding referrals when they felt it was appropriate.
- There were good communication systems that supported staff to exchange information. The quality and safety of the service was continuously monitored with daily, weekly and monthly checks.
- The registered manager was able to provide in-depth information regarding the service without referring to documentation. This demonstrated a clear oversight, thorough knowledge and understanding of the service in order to maintain its quality.
- Without exception, people and visitors spoke very highly of the management and staff at the service. Staff were well supported. Staff were valued for their commitment and willingness to go the extra mile for people. The provider and registered manager supported and encouraged staff to develop.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had an 'open door' approach. Staff came to the office unannounced and the registered manager ensured they were available to listen to any staff concerns and to provide solutions to address these. There were consistently high levels of constructive engagement with people and staff.
- A staff member told us, 'We are able to bring up any ideas at our staff meetings or supervision which we do on a monthly basis. The manager is always encouraging us to bring ideas to improve the quality of care that we provide and promote independence.'
- Everyone spoke highly of the service and felt that it was well-led. People received a consistently good standard of care, because the ethos of the service was to put people first. People's comments were positive.
- People were at the heart of the service and were continually involved in their care and the development of the service. People were encouraged to contribute to improve the service. People had opportunities to feedback their views about the service and quality of the care they received. This was done during structured care plan reviews, surveys and meetings.
- The registered manager looked at ways to improve the service through involving all stakeholders in the service. We reviewed feedback received which was all very positive, complimentary and reflected the feedback we received during our inspection of the service.
- Staff were highly motivated. Staff said that everybody had the opportunity to have their views heard and taken into account. Staff felt empowered by the support they received and felt able to make suggestions and work as a team to evolve and improve the service. Staff told us and meeting minutes confirmed that changes in good practice guidance and legislation were discussed to ensure that staffs knowledge was up to date.

Continuous learning and improving care

- The registered manager continually strived to improve the service and people's experience and quality of life. The registered manager followed best practice guidance and used reflective practice to consider how improvements could be made.
- There was a clear governance framework, which was completed regularly. The auditing system followed the CQC's key lines of enquiry. Any action required was clearly recognised, timescales were identified and progress monitored until complete.
- Quality assurance systems monitored the quality of service being delivered and the running of the service, for example audits of paperwork. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development. The registered manager provided regular feedback to the provider in order to ensure operational goals were being achieved.
- Accident and incident forms were completed. These were checked by the manager who analysed them for trends and patterns. Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances. Staff told us that any faults in equipment were rectified promptly.
- Any incidents relating to behaviours which challenged were recorded in a detailed way to review what were the causes, how it was managed and to look to how this could be improved in future. Any more significant incidents had a full debrief with staff afterwards. This enabled staff to reflect on what happened and support to be offered to all those involved.