Community Homes of Intensive Care and Education Limited

Spencer Place

Inspection report

Main Road
Fishbourne
Chichester
West Sussex
PO18 8AN

Tel: 01243783518
Website: www.choicecaregroup.com

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Spencer Place is a residential care home providing accommodation and personal care to up to 10 people, with support needs primarily related to their mental health. Some people living at the service were also autistic or had a mild learning disability. At the time of the inspection eight people were living at the care home. Six people were living in the main house with two people accommodated in a separate building in the grounds, referred to as the annexes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support
People and relatives told us they were involved in their care and support was planned to ensure people had a good quality of life and were working toward recovery. People were positive about how they were supported. One person told us, "With this set up staff are around 24 hours a day and I can have support whenever I need it." People went out to the local community and accessed health services; they regularly went on day trips and were supported to meet their goals and aspirations. People were supported to maintain relationships with those who were important to them, they could visit people outside their home and have people visit them. The service provided care and support in a safe, clean, well equipped, well-furnished and well-maintained environment.

Right Care
People received kind and compassionate care. Staff respected and promoted people's dignity, privacy and human rights. People had unrestricted access to their rooms which promoted privacy and dignity. Care plans were holistic, person-centred, focussed on people's strengths and promoted independence. People, health and care professionals and relatives spoke positively about the care people received. One person told us, "I have struggles inside, they [staff] work with you most of the time to help you get through each day." The service used a positive risk-taking approach when considering the support people needed to help keep them safe. People told us they felt safe and worked with staff to develop their own risk management strategies. Staff knew people's risks, how to manage them. People were protected from the risk of abuse by staff who knew how to recognise and report concerns.

Right culture

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 managers and staff demonstrated values, attitudes and behaviours which supported people to build confident, inclusive and empowered lives. Staff had received specific training to meet the needs of people living with a mental health condition and the range of strengths and impairments people with a learning disability and autistic people may have. Staff spoke with passion about people and the care and support they provided. One staff member told us, "Seeing people smile at the end of the day knowing that you've helped achieve that, that's why I do this job." The service promoted an open and transparent culture which encouraged people and their relatives to share their views and make a complaint. People's quality of life was enhanced by the service's culture of openness, inclusivity and working well with external agencies and health professionals.

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

Why we inspected
This service was registered with us on 30 March 2021 and this is the first inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Spencer Place

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
One inspector and an Expert by Experience carried out the 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.

Service and service type
Spencer Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
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
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since it was first registered with us. This information helps support our inspections. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us 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.

During the inspection
We spoke with seven people who used the service and four relatives about their experience of the care provided. The Expert by Experience spoke with relatives remotely on the phone. We spoke with nine members of staff including the registered manager, deputy managers, support workers, positive behavioural support staff and referrals team.

We reviewed a range of records. This included four people's care records and five medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, minutes from meetings and quality assurance records. We received feedback from two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. We observed peoples care records which showed other professionals were involved in keeping people safe. One professional told us, "I have always found that they [the service] act in a safe manner; not just for the residents, but also the staff and external professionals too."

● People and their relatives told us they were safe and knew how and when to raise a safeguarding concern. One person said, "Yes I feel safe. Staff are always there and speak to you." A relative commented, "It is a very safe service. I know exactly who to go to and they are always available."

● Staff had training on how to recognise and report abuse and they knew how to apply it. Staff confirmed their safeguarding knowledge. Comments included, "We report any concerns to the manager, and they report to yourselves [CQC] and the local authority. We get brought up to date if there's anything we need to know" and, "You have to report it, any abuse, meds errors etc. [Registered manager] deals with it."

● Incidents of alleged abuse were appropriately identified and reported to the local authority and CQC. The registered manager understood their responsibilities in relation to safeguarding and conducted investigations as required. Incidents were analysed and when required, action taken to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

● People were involved in managing risks to themselves and in taking decisions about how to keep safe. People received support from staff who understood the risks identified in people's risk assessments, care plans and positive behavioural support (PBS) plans. For example, people at risk of harming themselves due to changes in their mood or mental health had plans which contained coping strategies and activities staff could use with people which were effective at times of distress. One person told us they found a certain time of day difficult; staff had worked with this person to develop a plan which would help them keep safe during this time. Strategies included using an agreed method of communication and staff increasing safety checks.

● People living with long term health conditions were assessed and supported to monitor risks associated with their health. For example, people living with diabetes had care plans containing detailed guidance for staff on signs to look out for which might indicate the persons health was deteriorating and what action to take if required. People were supported to monitor their weight; and their blood sugar levels recorded, so any changes could be monitored appropriately and acted upon if needed.

● People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. People were kept safe through formal and informal sharing of information about risks. One staff member told us when discussing people's risks, "We're really good at communication here,

everyone always feels in the loop. It's clear and constant communication." Another explained, "When an incident happens the person in charge completes an incident form or behaviour observation chart (BOC). Staff get reminded to read these in communication book. We have handovers between every shift. I always feel well informed."

● Risk incidents were investigated and managed safely by staff who were trained and skilled in how to support people who exhibited behaviour to express an emotion which placed themselves or others at risk. When incidents had occurred, specific tools such as BOC's were used to analyse them, this enabled staff and the PBS team to identify potential triggers and work with people to develop strategies to help reduce the risk of further incidents.

Staffing and recruitment

● The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. We observed people going out with staff and planning their activities for the day and days ahead. One person had gone to the local supermarket with staff to complete their weekly food shop. Another had been supported to attend a job interview, they told us, "I want to work." We observed staff arranging transport for this person so they could attend and return to the service afterwards.

● The numbers and skills of staff matched the needs of people using the service. The registered manager ensured there were sufficient numbers of staff on shift to meet people's needs and records confirmed this. When required, bank and agency staff were employed. Staff told us there were currently enough staff and were confident the registered manager was working to recruit into any vacancies. Comments included, "We have enough staff now, there never used to be. People's needs always come first. You work around them to ensure their needs are fulfilled" and, "We are fully staffed now. We have some full timers coming."

● Staff recruitment and induction training processes promoted safety. Staff underwent training which enabled them to take into account people's individual needs, wishes and goals. The provider ensured appropriate Disclosure and Barring Service (DBS) checks and other relevant recruitment checks were completed for new staff members. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. People were administered medicines by staff who had completed medicines training and were assessed as competent in the task. One staff member told us when discussing their medicines training, "That was a lot more complicated than I thought it would be. You have a meds assessment which is a lot of questions…then I was shadowed for a while until they were happy I could do it on my own."

● People at risk of side effects from medicines prescribed for their mental health had individualised care plans specific to their needs. Care plans guided staff on potential side effects and actions to take should people experience these. For example, people prescribed a particular medicine known to cause constipation were prescribed laxatives to ease their symptoms. Staff understood the potential risk factors and possible side effects to people when taking this medicine and records confirmed people were encouraged to monitor their health and request medicines for side effects should they need it.

● People prescribed as required medicines (PRN) had care plans to guide staff who, when, how and what dose of medicine was required for specific symptoms. One person was prescribed medicine for anxiety, their care plan specified who would assess the need for and administer PRN medicine. Staff administering this medicine knew the person well and understood what to look out for when assessing whether PRN medicine was required.

● Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people about their medicines. Medicines were reviewed in accordance with best practice

guidance. Records observed confirmed this. The deputy manager told us, "We always try to get a medicines review in the first few months of clients arriving."

Preventing and controlling infection

● The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

● The service prevented visitors from catching and spreading infections.
● The service followed shielding and social distancing rules.
● The service admitting people safely to the service.
● Staff used personal protective equipment (PPE) effectively and safely.
● The service tested for infection in people using the service and staff.
● The service promoted safety through the layout of the premises and staff's hygiene practices.
● The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
● The service's infection prevention and control policy was up to date.
● The service supported visits for people living in the home in line with current guidance.
● All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

● The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Staff told us they were kept informed if there was any learning from an incident or accident. One staff member said, "[Registered manager] gathers the staff together and shares things with us."
● Staff raised concerns and recorded incidents and near misses and this helped keep people safe. For example, during a routine medicines audit is was identified that some medicine was unaccounted for. The incident was investigated to determine route cause and action taken to reduce the risk of future occurrence. This included the implementation of spot checks for medicines, revisiting medicines training for staff and continuation of weekly audits.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a comprehensive assessment of their needs prior to admission to the service. Information collated during assessment determined which accommodation owned by the provider might be most appropriate to meet an individual's assessed needs. Once a person had been assessed and input sought from themselves, relevant health and care professionals, relatives and / or those the person considered important, this would be shared with the service and the PBS team who formulated positive behavioural support plans based on information received.
- People had a range of care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. People's care plans were regularly reviewed and updated with people and where appropriate, their relatives. Comments from relatives included, "Only yesterday carers worked with [person] when there was a problem which was resolved" and, "Yes, I was involved in discussions around care planning."
- People had one-to-one sessions with their named keyworker to discuss their care plans and support. One staff member told us about a person's goal to "Get back into living in society the same as everyone else", but recognised there were potential barriers, such as their current sleep pattern which might not allow them to pursue their goal, employment or education. The staff member added, "We'll discuss [person's] sleep at our next meeting."
- People received care in line with standards, guidance and the law. Some people had a Community Treatment Order (CTO) in place to help them stay well and maintain their mental health. A CTO is an order under the Mental Health Act 1983 which allows people to receive supervised treatment in the community instead of hospital. CTO's have specific conditions within them which people must adhere to. For example, one person had a condition which stated they must not drink alcohol. Records showed and we observed staff supported people to adhere to conditions set out in the CTO and CTO's were reviewed in line with legal requirements.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the range of strengths and impairments people living with a mental health condition, a learning disability and autistic people may have. For example, positive behaviour support (PBS), strategies for crisis intervention and prevention, specific mental health diagnoses and emergency first aid. One staff member told us, "We had training on Schizophrenia and PBS [PBS team] have given training on how to work with individuals." Another told us they had, "In depth training days based around people that were coming to the service." Staff told us the training had equipped them with the skills and confidence to carry out their role and support people effectively.

● The service checked staff's competency to ensure they understood and applied training and best practice. For example, staff completed medicine's training and were assessed as competent before supporting people with their medicines. In addition, staff were checked throughout the global pandemic to ensure they remained competent in the use of personal protective equipment (PPE). This provided assurance the service was supporting staff to develop and maintain their skills in line with best practice.
● Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff received feedback about their work and opportunities to learn and develop. One staff member told us, "We have monthly supervision, but can request supervision any time we want it. I had feedback to help me when I first started, I hadn't worked in mental health before."

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs
● People received support to eat and drink enough to maintain a balanced diet. Most people were independent with their meals and received a budget to buy foods of their choice. People were involved in choosing their food, shopping, and planning their meals. For those that were unable to plan and prepare their meals, staff would support them with this. We observed people making use of the kitchen facilities at mealtimes and helping themselves to drinks and snacks.
● Some people living with specific health conditions such as diabetes were supported to maintain a healthy diet. We observed healthy eating posters in the kitchen to help educate people and promote healthier food choices. Staff told us healthy eating was encouraged but, "Ultimately its people's choice."
● People's care and support was provided in a safe, clean, well equipped and well-furnished environment which met people's needs. People personalised their rooms and were encouraged to take part in decisions relating to the interior decoration and design of their home. A relative confirmed, "The manager said they can personalise their room."
● The accommodation was new, purpose-built and well-maintained. At the time of the inspection people living at the service did not require any adaptations to meet their needs. Communal areas were light and spacious, and the garden was large with tables, seating and a smoking area. The registered manager planned to purchase murals for people to decorate the garden fence and make the area more personalised for the people living at the service.

Supporting people to live healthier lives, access healthcare services and support
● Staff worked well with other services and professionals to prevent readmission or admission to hospital. Records confirmed professionals were kept updated and people's care was regularly reviewed. One health and care professional told us, "I have been impressed with how the staff have managed to build a good relationship with [person] and have been very good at reporting back to me any concerns they may have had for their well-being or any changes in their care needs."
● People were supported to attend health appointments and access primary care services such as their GP, mental health nurses and specialist teams involved in their care. Staff worked with people to ensure essential health monitoring visits were not missed. One staff member told us, "I always take [person] to the [medicine] clinic, it's really nice. I use the van or car." When asked about access to health services a relative told us, "Yes, [person] does have access when needed."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

● At the time of the inspection there was one person living at Spencer Place with DoLS, the person did not have any conditions associated to their DoLS and the service was working within the principles of the MCA.
● When specific issues around capacity had been identified, people and those involved in their care were consulted with their views recorded. When decisions were required, these were taken in the person's best interests and documented accordingly.
● Staff had undertaken training in the MCA and knew how to apply this in their day to day practice. People were empowered to make their own decisions about their care and support. Staff understood consent and were observed asking people for permission before providing support. One staff member described why they might gain consent, they told us, "We ask for consent to disclose info to others, for example if they [people] are ill."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; respecting equality and diversity;
● People were treated with kindness and respect, and their equality, diversity and human rights upheld. People and their relatives told us staff were kind, caring and supportive. Comments included, "Staff listen and know you well", and, "[Person] can make everyday choices, they are treated like a normal person and treated with respect." A health professional shared their views and told us, "Spencer Place have shown to be very caring with residents and other professionals. They go out of their way to ensure its residents are not only looked after but made to feel as if the property is a block of flats rather than a residential home."
● People and their relatives told us their relationships with staff were positive and achieved good outcomes. Staff were calm, focussed and attentive to people's emotional and mental health needs. People told us staff made it their focus to understand their needs, choices and any associated risks. One person told us, "They [staff] take me shopping, they help me cook sometimes. They assess the things I can do and help me with the things I can't."
● People were well matched with their designated support worker and as a result, people were at ease, engaged and motivated. A deputy manager explained, "We allocate the right staff to the clients to get the best out of people. For example, [person] has a really good relationship with support worker [staff name]. They have a really good routine now for cleaning [person's] room. They break it down, do a bit at a time, stop for a cuppa or a chat, then do a bit more."
● Staff had undertaken equality and diversity training and understood what this meant for people. Staff showed respect for people's diverse and cultural needs. For example, one person practiced a religion which required them to eat a specific diet. Staff supported the person to choose and purchase foods appropriate to their beliefs to ensure their religious practices were upheld.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence
● Staff supported people to maintain links with those that were important to them. Throughout the inspection we observed people having visits from family members and using the home's telephone to speak with those important to them. We observed interactions between people and staff which were warm and friendly. We saw relatives approaching the office to talk to staff about their loved one and share their thoughts on their progress.
● People were supported to express their views and make decisions about their care. People had one-to-one sessions with their keyworker each month to discuss their support and matters that were important to them. People told us staff were approachable and our observations confirmed this. People were comfortable asking for support and would approach staff directly or come to the staff office to ask a question, have a chat or talk about their plans for the day.

● Staff routinely supported people to access paid or voluntary work, leisure activities and widening of social circles. One person worked voluntarily at a charity shop; another was looking for employment in hospitality. A relative told us, "[Person] has access to some form of education", another commented, "My [person] is getting involved in a local programme."
● People were encouraged to maintain their independence. For example, people who wished to be independent with their medicines were supported by staff to ensure they were safe and competent to do so. One person told us, "I manage all my own medication, except for my PRN (as required medicines). Staff check this weekly to make sure I'm taking it okay."
● People's privacy and dignity were promoted and respected. For example, people who required regular health monitoring were encouraged to do so independently. This meant they were able to indicate to staff themselves if they required support rather than staff having to ask them questions which might cause uncomfortable emotion. Staff told us how they promoted people's privacy and dignity. Comments included, "We always knock, but if they don't answer we will go in to check their okay" and, "No one walks around without their tops on."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People learnt everyday living skills and developed new interests by following individualised programmes with staff who knew them well. Care plans focussed on people's strengths, developing living skills and increasing independence. Staff told us about people who had previously required support with certain tasks but were now independent. One person, when they arrived at the service, was unable to make toast without staff support but was now able to make a sandwich. Another person, due to their mental health condition, would only go out on a particular day and in the company of staff. We observed the person going out and returning independently several times throughout the day. Staff told us this person had, "Come on leaps and bounds, they've done amazing."

● People and staff planned personalised care to ensure people had choice and control, which met their needs and preferences. For example, one person preferred to dispense their medicines independently from a specific pre-packaged medicine aid. Staff liaised with the pharmacy to ensure this aid was available for the person to use. The person and staff had devised a system to ensure the person felt in control of their medicines, this included creating a record for the person to sign once their medicine had been taken.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were assessed and included in their PBS plans as required. Not all people living at the service had been assessed as having communication needs. For those that did, staff had good awareness and understanding of individual's needs, they knew how to facilitate communication and understood what people were communicating to them. People had comprehensive care plans which guided staff on how to communicate with them effectively, for some people this included how to present information, words to emphasise and using pictures to make information easier to understand.

● Information was adapted as required and staff worked closely with people to get to know them to fully assess their communication needs. When required, advice from the Speech and Language Team (SaLT) had been sought, with recommendations added to communication care plans. For people that preferred information in pictorial format or more descriptive way, we observed individualised social stories to describe activities and events that were going to happen. For example, a trip to the zoo, going out to the local supermarket, visiting family and going shopping in the nearest town.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were supported to develop and maintain friendships; follow their interests and take part in activities they had chosen and were relevant to them. People utilised the providers transport and could go out to places of their choosing. One person told us they were planning a trip with staff to Scotland. They said, "I'm going to Edinburgh to see the pandas." Another person was going to the cinema that day, then to a shop to look at video games. A staff member told us, "They love movies and gaming."

● Staff worked to find new and meaningful activities which would engage people and improve their emotional wellbeing. One staff member described a person as, "Really different when you take them out", they told us the person became animated and interested in the items for sale, talking about their own preferences and taste in music and films. Some people had developed friendships, a staff member told us, "They always said they didn't like going out, but they got friendly with another resident here and now they go out together." Relatives told us they thought people had plenty to do, one relative said, "They do a lot of communal activities, for example a BBQ which improves communication skills."

Improving care quality in response to complaints or concerns

● At the time of the inspection the service had received one complaint which was investigated appropriately in line with the providers complaints policy. Lessons learned were shared with staff and care plans amended to help reduce the risk of reoccurrence.

● Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. Records confirmed and we observed, the service held regular residents' meetings and one-to-one sessions with individuals where people could raise concerns about the service or issues of importance to them. People and their relatives told us they could raise complaints if they had one and knew who to speak to. One relative told us, "I know who to raise a complaint with."

End of life care and support

● At the time of the inspection staff were not providing end of life care and support to anyone living at the service. However, people's thoughts and wishes about end of life care had been considered and discussed. People had detailed care plans which contained information regarding their wishes after death. For example, who they did or did not want to present, where they wished to be cremated, songs to play and style of eulogy.

● One person with communication needs had a care plan which detailed specific practices associated with their religion. Staff had supported the person to express their wishes to family using communication tools to help family members understand their wishes after death.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Managers worked directly with people and led by example. Throughout the inspection we observed managers working with people in a relaxed and skilful way. They had a good understanding of people's needs and provided direct guidance and reassurance to staff as required. One professional told us, "I have had a good experience with the management at Spencer Place… and this is why the service in my view has been very successful for the young person I have placed there."

● People were involved in their care and their goals and wishes respected. Staff demonstrated good knowledge of people, their lives and previous experiences. Staff were encouraged to work with people in developing care plans which focussed on achieving good outcomes. Open communication was promoted within the team and staff were positive about people and their role. Comments included, "I like that every day is different, I like that once a week I learn something new. It's challenging, but that makes us better as a team when we come together to manage this", "Here you can really see people improve and build confidence, start doing more, you can get a sense of gratification", and, "I love working with the guys, I'm a very people person and caring. I hope I'm helping them get back into society."

● The provider had a dedicated in-house PBS team who, alongside the managers, were alert to the culture within the service and spent time with staff and people discussing behaviours and values. People, staff and relatives spoke highly of the service and registered manager. One staff member said, "I'm supported by [management team names]. Choice are a good company to work for." A relative told us, "I do think the home is well managed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Staff gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager understood their responsibilities under duty of candour and was open and transparent when people's care had not gone according to plan. The registered manager had notified CQC of accidents and incidents that had occurred, and any lessons learnt or actions taken.

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

● The registered manager had the skills, knowledge and experience to perform their role and a clear

understanding of people's needs and oversight of the service they managed. They recognised the importance of their role and felt supported by the provider and external organisations. Legal requirements were understood, and any issues were reported to the appropriate organisations, including CQC and the local authority.

● Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. As well as having their own local systems, the registered manager shared information with the provider who completed an external audit and monitored the quality of the service. The registered manager received feedback through regular meetings with the provider and other service managers.

● Staff said they felt respected, valued and supported by the management team. Staff told us, and records confirmed staff received regular supervision and an annual appraisal to develop and improve their practice. One staff member told us, " We have regular supervision, we can raise any worries or concerns", another said, "I'm currently doing my NVQ [National Vocational Qualification] to become a senior and then hopefully progress. This is something I want to do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

● People worked with managers and staff to develop and improve the service. Staff held regular residents' meetings where people had the opportunity to provide feedback about the service and discuss issues of importance to them. One-to-one keyworker sessions took place where people reviewed their care and discussed their goals and aspirations. Records showed and people confirmed staff acted on their feedback. For example, when people asked for a trip to Brighton, this was planned and upheld.

● Staff attended regular team meetings and were encouraged to share their views. Staff had completed a quality assurance survey; any matters raised were addressed to drive improvements. The registered manager confirmed, "I am always looking for ways to improve." A staff member told us, "We all work well together, we get on well. Communication is good. If someone has an issue, we can talk to each other. We have regular staff meetings, to discuss service user issues and other things [registered manager] wants to tell us about."

● The registered manager had a clear vision for the direction of the service which demonstrated ambition and desire for people to achieve the best outcomes possible. When asked about key achievements and long-term plans, they told us, "We've grown as a service. Most of us came here together. I feel like I'm accessible, there's good communication. We've built a good relationship with [local authority]. I really want this home to succeed, I'm 110% percent invested in this."

● The service worked in partnership with other professionals and agencies. The team had engaged support from multiple external agencies such as forensic, mental health and specialist teams, GP and local services to ensure people's health needs were continually assessed and reviewed. Records confirmed that staff had contact with a range of health and care professionals. Staff were aware of the importance of working with other agencies and sought their input and advice. Feedback from health and care professionals who knew the service was positive. One professional told us, "Spencer Place have demonstrated that they want the best for their residents and from my experience, ensure the care they deliver is person-centred. I could not say Spencer Place is run in any other manner than effectively."