

Living Life (UK) Limited

Living Life (UK) Limited t/a the Banyan Tree - 53 Bostock Avenue

Inspection report

53 Bostock Avenue
Abington
Northampton
NN1 4LN
Tel: 01604 639859

Date of inspection visit: 31 December 2015 and 7
January 2016
Date of publication: 16/02/2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 31 December 2015 and 7 January 2016. The service provides

support for up to four younger people who may have learning disabilities, mental health needs or emotional difficulties. At the time of the inspection there were three young people living at the home.

Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt very safe in the house and relatives said that they had no concerns about the arrangements that were in place to keep people safe. Staff built good relationships with people that enabled them to report any concerns to their own safety. People were heavily involved in compiling risk assessments and the service supported people to maintain their independence and take managed risks. Staff described to us their strong understanding of how to protect people from harm and abuse and knew what action they should take if they had any concerns. People were at risk of self harm and anxiety and staff put people in control of this wherever possible.

Staffing levels ensured that people received the support they required at the times they needed it. The service responded flexibly and robustly to ensure suitable staffing arrangements were available at all times. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service, and people using the service were thoroughly involved in the recruitment procedures, with only the most appropriate best staff being selected for a job.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed.

Staff training was exceptional with personalised and specific training to meet the needs of people that used the service. The provider employed a psychologist to provide training and advice and this support was also utilised following any incidents of concern. Staff had access to regular and comprehensive support from management and were pleased with the level of support they received. People were very actively involved in decisions about their care and support needs and staff provided people with sufficient information to make their

decisions. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were in control of their own healthcare arrangements and procedures were in place, with the agreement and understanding of people who used the service when staff would take control of this.

Staff had extremely good relationships with the people who lived at the home. People consistently commented on the positive impact staff had made on their lives, and how they had changed for the better. People understood that staff would support them during difficult times and could rely on staff to always be there for them, providing guidance when needed. People were empowered to make their own decisions and to take responsibility for them. Staff provided people with information and advice but encouraged people to make their own choices. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people living in the house were confident that issues would be addressed and that if they had any concerns they would be listened to.

Comprehensive care plans were in place detailing how people wished to be supported and had been produced in conjunction with people using the service. People understood the care and support they needed and were fully involved in making decisions about their support. People participated in a range of activities within the home or in the community and received the support they needed to help them to do this. People were able to choose how they spent their time and what activities they participated with.

The service was well led and people and staff commented on the strong leadership qualities and caring approach of the registered manager. People had great confidence in the registered manager and the way the service was run. The provider ensured the service was well supported and there were opportunities for people and staff to provide feedback about any improvements that could be made, and these were listened to and acted on. Extremely robust quality assurance systems were embedded into the service and the registered manager sought and acted on any areas that needed improving with immediate effect to ensure the service provided the best care personalised to the needs of each person.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was very safe.

People felt very safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Comprehensive risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible.

Recruitment practices were in place and focussed on ensuring that only the best staff that could meet the needs of the people that used the service were employed.

There were systems in place to manage medicines in a safe way which focussed on the strengths and abilities of people using the service.

Outstanding



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) however no restrictions were in place for people's liberty.

People received personalised support. Staff received exceptional training which was personalised to meet the needs of each person using the service.

Staff had excellent access to support and supervision.

People were empowered to take control of managing their own health, with support when needed from staff.

Good



Is the service caring?

The service was very caring.

People had developed strong and positive relationships with staff that worked at the service.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the house and staff. People were extremely happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened too and their views respected.

Staff promoted peoples independence in a supportive and collaborative way.

Outstanding



Is the service responsive?

The service was responsive.

Outstanding



Summary of findings

Thorough pre admission assessments were carried out to ensure the service was able to meet people's needs. People were given various opportunities to try the service and meet the staff to ensure they were happy to move in.

People's support plans were flexible and were promptly adapted to meet people's changing needs.

People were supported to become independent and make their own decisions and staff respected this. People were encouraged to make goals towards gaining their independence and staff worked with people to achieve these.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

The service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the house, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



Living Life (UK) Limited t/a the Banyan Tree - 53 Bostock Avenue

Detailed findings

Background to this inspection

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

This inspection took place on 31 December 2015 and 7 January 2016 and was unannounced. The inspection was completed by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people that lived at the home, one relative, one person's personal assistant, one healthcare professional and three members of care staff including the registered manager. We looked at three people's care plans and documentation about the support they required.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, staff recruitment files, meeting minutes and arrangements for managing complaints.



Is the service safe?

Our findings

People said that they felt extremely safe living at the home. One person said, "I genuinely love it here. I haven't seen one member of staff treat anybody badly." Another person told us, "I feel safe living here. The staff know me well and they know how to support me." One relative said, "I feel completely happy [name] is here. [Name] is safe and as their needs change, the staff respond to this really well."

People were supported by an innovative staff group that knew how to recognise when people were at risk of harm, what action they would need to take to keep people safe and how to report concerns. People commented on the importance the provider placed on ensuring the right staff were recruited to meet the needs of people, and to enable people and staff to develop positive and meaningful relationships which would keep people safe. One person said, "[Name of the provider] hand picks the staff to make sure they are right for us. We get involved in the interviews and they [the provider and registered manager] listen to how we feel about potential new staff." There were vigorous recruitment practices in place and the provider worked hard to ensure people with the right skills, attitude and values were employed at the service. People who used the service were involved in the staff recruitment procedures and were encouraged to be involved in the interview process. The provider and registered manager put a great emphasis on the feedback given by people who used the service, and when people declined to be involved in the recruitment procedure, prospective staff were invited to come back again when another person would be available. People were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions with the Disclosure and Barring Service (DBS) and satisfactory employment and personal references were obtained before they started work.

There was enough staff to keep people safe, meet their needs and provide a personalised person centred approach to people's care and support. People told us they always felt there was enough staff to support them and one person told us that staff made time to visit them when they were admitted to hospital. They said, "Staff came to visit me all the time when I was in hospital. They're great." Staff were always available when people wanted to spend time in the communal areas, or go out to complete activities, and staff regularly checked people's wellbeing when

people chose to spend time in their bedrooms. Staffing levels were regularly reviewed and amended to ensure that this matched with people's current need. The registered manager correctly identified when people needed extra staff support and the provider and registered manager worked together to ensure people were supported by adequate numbers of staff. The service also maintained an out of hours emergency contact system so staff could contact a member of management at all times. Staff told us they were happy with the staffing levels and felt reassured that there was an on call system if it was needed.

People were supported by staff with strong knowledge and understanding of safeguarding procedures. This was because the provider had created an open and transparent atmosphere which enabled and encouraged staff to raise concerns. Staff had a detailed knowledge of safeguarding procedures, and had a strong understanding of their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff said, "If I was concerned about anything I'd just report it straightaway." The provider had taken reasonable steps to ensure staff knew how to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. The provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

Staff used imaginative and innovative ways to manage risk and keep people safe. For example, people who were unable or uncomfortable about expressing their emotions or support needs were empowered to use non-verbal communication methods which staff understood and took immediate action to implement. Staff also encouraged people to use technology to help them manage their mental health. Some people used online forums as a coping mechanism whilst other people had used social media to help connect with other people experiencing similar situations, and provide and receive support to their peers. Staff also encouraged people to use a specific app which helped people to use relaxation techniques and coping strategies. This enabled people to have a variety of methods to support their needs whenever they needed them.



Is the service safe?

Staff recorded all accidents and incidents and these were analysed by the registered manager, and where appropriate, the provider's psychologist. This would ensure any learning was identified and adjustments were made to the care and support people received. This reduced the risk of an incident occurring again. Staff showed confidence and leadership dealing with incidents. For example, following an incident in which one person had put their own safety at risk staff promptly took the required action to keep the person safe, empowering them to make their own decisions and providing guidance for them. The registered manager had acted promptly and developed a strategic approach to the incident and involved the appropriate professionals on an immediate and long term basis.

Comprehensive risk assessments were in place to identify areas where people needed additional support to keep people safe. The service was based around supporting people to become as independent as possible and the ethos of the service was reflected in people's individual risk assessments to encourage people to take reasonable risks with the appropriate support and knowledge to do so. People were at risk of self harm and anxiety and staff put people in control of this wherever possible. One person said, "They have good risk assessments in place, and I know what I have to do to keep myself safe. I've been involved in deciding what the staff are going to do, for example, if I'm going out they always check my mobile phone is charged up and I can get in touch with them if I need to." One person's personal assistant told us that people were treated as adults. They said, "Good risk

management systems are in place and staff support people to make their own decisions." Each person had detailed risk assessments in place which were created promptly and reviewed regularly as required.

There were robust appropriate arrangements in place for the management of medicines. People told us they got their medicine when they needed it and were involved in deciding how it would be stored and administered safely. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. There were arrangements in place so that homily remedies such as paracetamol could be given when people requested it. The registered manager took precautions to ensure the home did not store excess medication or medication that was no longer required and disposed of it in a suitable manner, with appropriate documentation to evidence this. The registered manager sought advice when people refused their medication and understood the impact this may have on the person. One person's personal assistant told us, "The registered manager knows what will happen if [name] decides not to take their medicine, and understands the timeframe of this impact. We have all discussed the impact of this and [name] has been involved to decide on the next steps when this happens." This means that people who have been prescribed regular medicines are supported by knowledgeable staff who respond to situations promptly and safely.

Is the service effective?

Our findings

People received support from staff that had received personalised training which enabled them to understand the specific needs of the people they were supporting. Staff received a good induction and were required to complete mandatory training which included safeguarding and first aid. The service had innovative and creative ways of training staff to ensure they had accurate and specific guidance about how best to support each person. For example, staff received personalised mental health training on a regular basis with input from the provider's psychologist specifically guiding staff about how to support people that were at the service. This included how to respond to sudden changes in mood or emotions.

The registered manager also worked in partnership with other organisations to make sure staff were following best practice. For example, staff received training directly from one person's healthcare professional specifically about the person's medical condition. Staff were given guidance about how they could support the person and what factors could impact on their medical condition. Staff told us they enjoyed all of their training and found it extremely useful to understand how best to support the needs of each person. One member of staff said, "I've never been in an organisation that gives you so much training" There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff had the guidance and support when they needed it. Staff were confident in the registered manager and were happy with the level of support and supervision they received. They told us that the registered manager was nurturing and always available to discuss any issues such as their own further training needs. The registered manager encouraged staff to develop their own skills and experiences, for example by supporting people to take on leadership opportunities. We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Staff received regular one to one sessions and staff participated in annual appraisals. One member of staff said, "We have monthly supervision meetings which are really good but if I had any problems I'd just talk to the registered manager."

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. People did not have any restrictions on their freedom and no applications were required.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments if necessary. Staff had a good understanding of how people's capacity could fluctuate, were aware of the procedures that were in place to work with people in their current state of mind.

People were supported to maintain a healthy diet. People's care plans were individualised to record the support each person required with mealtimes, and where necessary additional support had been obtained from appropriate professionals. People that required support and monitoring were assisted discreetly and with understanding. People were empowered to learn about different cultures and foods, and to understand how to eat a balanced diet.

People's health and social care needs were well supported, with excellent links with external providers and professionals. One person told us that they were in control of when health care assistance was requested, but understood when staff would take the lead to request help if it was required. One person said, "I'm in control of that and I decide when I need to see someone. I decided I didn't want to seek professional help about one particular issue so me and the staff made a plan about how I would be supported and it worked." One person's personal assistant

Is the service effective?

explained that the registered manager kept them informed about incidents that had occurred, and together they worked in partnership alongside the person to ensure their needs were effectively and safely met in a supportive way.



Is the service caring?

Our findings

People were treated with care, compassion and great kindness. People, their relatives and professionals involved in the service consistently commented on the exceptionally caring approach the staff at the service provided. One person said, “The staff are all pretty amazing.” And another person said, “The staff are all so good and if anything happens they don’t panic – it’s just what I need.” One person’s personal assistant complimented the balance of the staffing team. They said, “Some of the staff are calm and others are bubbly... They all work really well together.” Another healthcare professional commented on how helpful the staff were to provide them with information and support within their professional role.

Staff had an empowering and empathetic attitude to support people and their personal development. Staff had a detailed knowledge of the people they were supporting and understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations with little support or gentle guidance. The attitude and motivation of staff to see people flourish was shared by a team approach which genuinely put people at the heart of everything they did. This strong commitment to providing people with person centred care and support was evident in every aspect of care provided by the staff, and it was evident from care records that this attitude and the efforts staff went to was maintained at all times. For example, whilst people required additional mental health support, at all times of the day and night staff were available to support them and frequently pre-empted when this may be required so additional resources were put in place to provide the support people required. Staff often commented that their role was “more than just a job” and this was evident in the warmth, endearment and commitment staff showed to people who used the service.

Without exception there was a person centred approach to everything the service offered and people were treated with dignity and respect. One person said, “I feel respected here. I’m not judged. I can’t express how much I love it here.” Staff made sure people were able to spend private time alone in their bedroom, and to have one to one time alone with staff as appropriate for each person. Staff told us, “We respect people’s privacy and give people time when they need it.” Staff worked with people that had

created an attachment to staff and plans were in place to support them to become more independent and to reduce their reliance on certain staff members. People were involved in deciding on appropriate boundaries for example, one person had been involved in deciding a system to help support them refraining from visiting a specific location. All support was personalised to reflect the needs of each person.

Staff showed genuine interest and concern in people’s lives and their health and wellbeing. People valued their relationships with the staff team and often referred to the home as a nurturing family environment. People were relaxed and confident around staff and expressed the fondness they had for each other. Staff chatted and joked with people in a friendly and informal way and the home had a friendly and homely atmosphere. People were pleased to see staff that had been on leave and staff were pleased to be at the service. Staff were highly motivated to provide the best care each person required and this was clearly visible throughout the service. Staff frequently went above and beyond the required expectations. For example staff frequently stayed on duty beyond their shift times to provide support for people as they needed it. The registered manager confirmed, “The staff often stay on shift when they don’t have to help people if they’re having a difficult time. Staff like to stay on duty if there has been an incident to keep consistency for people.” Staff also volunteered at the service if they had spare time to take people out on additional activities, for example taking people on a visit to a local pet rescue centre or completing therapeutic activities like arts and crafts.

People felt listened to and were encouraged to express their views and to make their own choices, using methods that were appropriate for each individual. Staff used innovative methods for people to be able to do this – for example one person was provided with a colour chart to help communicate their feelings and when they needed additional support from staff but felt unable to verbally express their emotions. Staff provided people with sufficient information for people to make their own decisions and empowered them to do so. One member of staff explained that the staff deliberately frequently took a passive role in decision making as part of the process to help people become independent and make adult decisions. People consistently commented that they felt empowered and in control of the support they received, but staff understood when people may be struggling to



Is the service caring?

make wise decisions and offered appropriate support to each situation. People were praised for making sensible or difficult decisions, for example, regarding how to manage their own budgets, or ask for additional support when they were unable to cope. People's care plan's had information about the support people needed around making decisions and this was followed by, and strengthened by staff.

People's individuality was respected and encouraged. People had their own individual styles and lifestyles and this was recognised and facilitated by staff. For example, making education or employment choices and how people spent their time. People were encouraged to style and decorate their bedrooms how they wished and staff supported people to purchase items to make their room feel like home when they arrived. The registered manager explained this was part of the process of helping people to feel relaxed, and going shopping provided staff with another opportunity to get to know people away from the home environment.

Relatives and visitors told us they were welcomed at any time at the home. One person told us, "I can have friends over if I want but we respect other people in the house and there may be times if someone is having a difficult time when this might not be appropriate." One person's personal assistant told us, "I often arrive at the service without making an appointment and it's never a problem. The staff are always very accommodating." Visitors to the service explained they were able to meet in quiet areas if they needed privacy and always felt welcome.

People had access to an advocate to support their choice, independence and control of their care. The registered manager arranged for an advocate to come to the service to explain the support they could provide for people that used the service. People understood, and were empowered to make contact with an advocate when or if they needed to and were not reliant on staff to access this service. The registered manager displayed the contact details of the advocate within the home for people to access independently if they wished to.



Is the service responsive?

Our findings

People had comprehensive assessments before they came to live at The Banyan Tree to determine if the service could meet their needs and they were happy to live there. The assessment included understanding people's backgrounds, histories and what was important to them including their views, preferences and aspirations. People met with staff and had several visits and overnight stays before a decision was made if the service was suitable for them. Following each visit a review was completed to identify what worked well and what could be changed for the future. Information was gathered from the person and those involved with their care to produce a detailed support plan and comprehensive risk assessments were completed specifically for each person on their arrival. The service also accepted emergency referrals and worked efficiently and effectively with the person and those around them to welcome them into the home and understand the care and support they required. One person who had arrived at the service as an emergency admission commented on how welcome and relaxed they had been made to feel as staff adjusted to the support they required.

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. People were fully involved in the care planning process and their voice was documented throughout their care plans. People were supported to go on holidays and day trips, along with more local activities people enjoyed like going out with staff to a café. One person had been supported to achieve one of their ambitions to attend a four day festival independently. This person had a goal to experience events like other people in their age group and they had been provided with the opportunity and empowerment to do so by the staff. This had been risk assessed in detail by the person and staff and the person had been involved in agreeing the measures that would be in place to ensure they had a fulfilling and safe experience. People's goals had been incorporated into individual care plans and staff were able to demonstrate how they supported people to work towards them. For example, pursuing education or employment, or life skills around money handling. People had gone on from the service to independently attend university, buy their own home and have their own family. Staff ensured that goal setting was balanced between encouraging people to become independent and maintain their own mental

health and wellbeing, and understanding when people were not ready or well enough to progress to their next goal. Staff had a fantastic ability to recognise when people required additional support and when they were ready to take the next step of their personal development.

People trusted staff to understand and support them to meet their values and beliefs. People felt comfortable and confident to disclose sensitive information about themselves and staff supported people to obtain external support if they wished. People were in control of the support they received, and whether family or professionals were informed about sensitive disclosures they had made to staff. People were given opportunities to meet their sexual, religious and cultural needs in a variety of ways, independently or in a group setting. For example staff held regular cultural events which enabled people to learn about different food choices and ways other cultures lived.

People's care plans were reviewed regularly, or as people's support needs changed. The service was extremely responsive and amended the support people were given when required. This could fluctuate on a daily, weekly or long term basis and staff showed fantastic flexibility to respond to people's current needs. One person's relative said, "I can't fault it. [Name] is responding really well to this environment and has made more progress here in three months than they have in the last two years. As [name] needs have changed, the service has evolved with them." People's support needs were monitored on a short term and long term basis and the staff at the service amended the support people were given on a regular basis to ensure people's current needs were fully met in the most appropriate way. Professionals involved in the service also provided excellent feedback about the support and progress people made whilst at The Banyan Tree, and described the staff as responsive to people's needs.

People consistently commented on the positive impact the service had made on their lives and how they had changed for the better. One person said, "I was in a bad way when I arrived here. It's literally changed my life being here." The service offered a health promotion approach, making people's physical and mental health a key priority, and guiding people to understand the importance of this. One person who had significant health difficulties had been supported purely by support the service offered to stop taking negative action which was damaging their health in



Is the service responsive?

all aspects. The person was proud of what they had achieved and stated they would not have been able to make the achievements they had without the support staff had provided at each stage of their journey.

Staff went the extra mile to ensure the support people received was appropriate for their needs but empowered people to make their own decisions regarding this. For example, when one person identified that they were unwell and needed additional support, staff took control and contacted external agencies to help the person during this time. Staff offered time for one to one support as it was needed and respected the person's decision when they wanted to take action themselves, with precautions and restrictions in place to keep the person safe. One person said, "They go the extra mile every single day, and do things above and beyond what would be expected. They never seem to stop and they go out of their way to make sure everything gets sorted." People were supported to make their own decisions about how and when additional support was accessed, and whether staff accompanied them to fulfil this. People understood the consequences of their decisions and staff offered appropriate support following people's decisions. One person said, "They're always there for us. Even when we make unwise decisions they're there for us."

There were arrangements in place to gather the views of people that lived at the home via community meetings that were held within the home. People were encouraged to attend regular meetings together to share their thoughts and views about what was happening at the home. People were able to discuss issues that had upset them or caused them to feel strong emotions that they needed to share with other people within the home. Staff facilitated these meetings to ensure everybody had an opportunity to discuss anything that they wished to raise. Written minutes of the meetings were recorded so other staff could understand and if necessary act on any issues that people had raised.

People said they had no complaints about the service. People told us they felt confident to raise any concerns with

the registered manager, or the provider and they felt they would be fully supported to do so. One person told us, "If I had a complaint I'd talk to the manager or one of the staff. It depends what it was about." We reviewed the way one complaint had been handled and we saw that it had been investigated appropriately and the registered manager had taken robust action to ensure it was resolved to the person's satisfaction.

The registered manager took significant steps to ensure that care between services was a transparent and fluid process and that the person was involved in all aspects of decision making to provide them with a consistent support package. Staff at the service ensured that all professionals involved were kept up to date on people's progress or significant incidents, and the professionals had access to current and accurate information at all times. One person's personal assistant confirmed "We work together. It's a joint process between me, [name of person using the service] and The Banyan Tree. The Banyan Tree have been extremely helpful to facilitate and support the relationship I have with [name] Documentation between services showed a joint approach throughout people's changing needs with a strong theme of ensuring people's independence was encouraged but people were kept safe during difficult times.

The service had great links within the local community and participated in one off events which included supporting local homeless people, or children that had to stay in hospital over Christmas. The service also participated in fundraising events for local charities. People at the service also participated in mentoring schemes supporting children and young people in care. People shared their experiences with younger people and gave opportunities to boost their confidence and learn new skills. For example, one person supported one young person to leave the home and another person supported one young person to learn to bake. This provided people with opportunities to make a difference within their community and also enabled them to make further progress on their journey to becoming independent.

Is the service well-led?

Our findings

People had huge confidence in the registered manager and responded warmly to her. People and staff enjoyed being in her company and staff were happy when she was around. People that used the service, people's relatives, staff and professionals that were involved with the service all commented on the strong competence and abilities of the registered manager to ensure the service was providing quality outcomes for people. One person said, "She's lovely. She's a very caring person and she does everything she can to make sure we're all OK and get the best possible care – which we do." Another person told us, "We get on really well. We have a good laugh together but she's professional too." Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. They said "She listens to our suggestions and we work together, with the psychologist to work out how we can best support people."

The provider had clear values and visions which were person centred and focussed on ensuring people's support needs were prioritised to enable them to become as independent as possible. Whilst the service had a person centred culture towards adults and these values were clearly embedded into practice there was a need to ensure all of the policies and procedures reflected the service user group. The provider had an active role in the running of the service and supported the registered manager when needed. For example, when the registered manager identified that additional staff would be required to keep people safe and provide additional support for people, the provider responded positively to this and put measures in place so people could enjoy their time at the home. The service had a stable staff group which worked together as a team to support positive outcomes for people wherever possible. Staff felt valued and listened to and they told us that if there were any issues they were quickly sorted out.

The provider and registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. This was evident in the way staff proudly boasted about the fantastic progress people had made whilst they had been at the service, and how they had progressed to independent and

adult lives. The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home. People living in the home found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them.

There were robust arrangements in place to consistently monitor and improve the quality of the service. Regular audits were completed on weekly and monthly cycles which reviewed people's medication, care plan documentations, accidents and incidents, staff files, maintenance issues, and training amongst other areas. The registered manager took action where improvements were identified, for example maintenance issues were promptly reported and care plans and risk assessments were quickly updated to reflect people's current needs. In addition to the audits the registered manager completed regular reports for the provider which summarised the previous month and if any further action was required. In addition to internal quality monitoring completed by the registered manager, the service worked with an external company to regularly independently review the quality of the service provided. The registered manager and provider reflected on all suggestions, and where necessary made improvements as suggested. Best practice was shared throughout the team, identifying what had worked well for each person, or what had not worked well. This was captured during sessions held with the psychologist and within conversations with staff members.

The provider had a process in place to gather feedback from people and from staff. The feedback was extremely positive and there was little room for improvement based on the feedback of people that used the service. We saw that action had been taken to resolve one staff concern that staffing rotas were not sufficiently available in advance. We found improvements had been made to this, and key events including Christmas rotas had been discussed and decided with two months in advance so staff could make their own plans. One member of staff told us, "We did the rota in October for Christmas. We all worked together to make it work for everyone and everyone seemed happy."

Is the service well-led?

The registered manager understood their role and promptly sent notifications to the Care Quality Commission (CQC) when required. We saw the service updated their Statement of Purpose when changes were made.