

Caretech Community Services (No.2) Limited

The Goodwins

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

What life is like for people using this service:

- The home has shown continuous improvement following our previous inspection in March 2016 and has met the characteristics of a good service in safe and effective and an outstanding service in all other areas and overall. For a home which supports people with multiple and complex needs and with behaviours that challenge, there have been remarkably positive and consistent outcomes for people. The registered manager told us, "I have always run a home around whether I would be happy with my brother or sister living there, I would here."
- People have shown less behaviour that challenges as a result of the consistent positive support approach taken and therefore have needed less 'as required' medication and no use of restrictive interventions. Not only is this for people which have lived at The Goodwins for several years but people who have only lived there for a few months.
- The provider promoted a good quality of life for people. People were happy living at the home, were able to express themselves and engage with staff, participate in activities they enjoyed within the home and in their community and develop their skills and independence.
- People were supported to regain and maintain relationships with those important to them and to develop new relationships. The home used 'intensive interaction' to engage with people in a way which was meaningful to the individual.
- The registered manager had inspired and supported the staff team to improve people's lives, had achieved good outcomes for people, ensured people were kept safe and received high quality, person centred care and support in line with all their individual needs.

More information is in Detailed Findings below.

Rating at last inspection:

Good overall and in all domains except caring, which was rated as outstanding (report published 20 April 2016).

About the service:

The Goodwins is a residential care home that was providing personal care for eight people living with severe learning disabilities, autism spectrum disorder and behaviour that challenges. The home has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. These values were seen in practice at the home. For example, the building was like any other on the road with no signs to show it was a care home. Staff did not wear uniforms and people lived their lives in the ways they wanted.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found improvements had been

made since our last inspection and the service has met the characteristics of Good in safe and effective and Outstanding in all other areas. The overall rating is Outstanding.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Outstanding.

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?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

The Goodwins

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

The Goodwins is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the CQC. 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 inspection was unannounced.

What we did:

We reviewed information we had received about the home since the last inspection in March 2016. This included details about incidents the provider must notify us about, such as allegations of abuse. We assessed the information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to plan our inspection.

People living at The Goodwins were not able to fully share with us their experiences of living at the home. Therefore, we spent time observing staff with people in communal areas during the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand

the experience of people who could not talk with us. We inspected the environment, including the kitchen, bathroom and people's bedrooms. We spoke with one person, five support workers and the registered manager. We also spoke with a visiting health professional. Following this inspection, we spoke with two relatives and received feedback from four health and social care professionals or commissioners involved with the home.

We reviewed a range of records. This included five people's care records and medicines records. We looked at three staff recruitment files, staff induction, supervision and training records. We reviewed records relating to the management of the home including rotas, records of incidents and complaints, audits, surveys and quality assurance reports and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- One person told us they felt safe and other people we met looked relaxed and happy.
- The provider, registered manager and staff continued to ensure people were protected from abuse. Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training in this area. Staff understood their responsibilities to safeguard people from abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them. Information was available in the home for people and staff about what to do if they had any concerns, including a confidential number to call for the provider.
- Staff were aware of the signs of abuse and the importance of observing changes in people's behaviours when they may not be able to communicate their feelings verbally. People's care records continued to document how they would communicate or behave if they were upset or worried about something. These provided guidance to staff who also knew people well and were therefore able to identify how people were feeling and to respond quickly to people's needs.
- Any concerns and allegations were acted on to ensure people were protected from harm. The registered manager continued to alert the local safeguarding authority and where required CQC. A system was in place to record and monitor incidents and this was overseen by the provider to ensure the appropriate actions had been taken to support people safely.

Assessing risk, safety monitoring and management

- All potential risks to people continued to be identified and assessed and were safely managed. Positive risk management was evident as this was focused on people's needs, choices, wishes and abilities and approached in the least restrictive way possible. People's needs and abilities had been comprehensively assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people by eliminating or minimising the risk. Staff we spoke with were aware of the risks affecting people's lives and could tell us how they acted to keep people safe in line with these guidelines. For example; this included risks related to going out in the community, people's mobility and choking.
- Where people experienced behaviours that challenged others, staff knew how to respond positively to help prevent, alleviate any distress or risk of injury to the person or others. Guidelines were in place which detailed an appropriate person-centred response including the person's preferences for support in these circumstances. Records confirmed staff followed these guidelines. One staff said, "We are proactive, if we are not aware of a situation building up, it's too late, it's about early intervention. There are times we need to redirect people or offer another activity to avoid an incident."
- The environment and equipment was safe. All risk assessments relating to the environment continued to be in place, the necessary certificates evidenced regular servicing and regular checks were completed. These included fire safety, electrical and gas safety, window restrictors, water temperatures, fridge and freezer temperatures and legionella. People were involved in practice fire drills to check any risks to people

from an emergency evacuation were assessed. Personalised emergency evacuation plans were in place to guide staff and emergency services on the support people required in these circumstances.

- The environment was well maintained. The registered manager described how their maintenance team were responsive and would fix urgent repairs the same day. The provider was continually replacing furniture and sourced specialised furniture around people's individual needs.

Staffing levels

- All staff we spoke with said there were enough staff on duty. Rotas showed that staffing levels were consistent and there continued to be arrangements in place to ensure staff cover in an emergency. We found staffing levels were appropriate to meet people's individual needs promptly. There were enough staff deployed to support people safely and to ensure all people's needs could be met at all times, including additional support for participating in activities and outings within the community. People received support from a consistent and reliable staff team. Continuity of staff was important for people living in the home and the registered manager told us they only used familiar staff when staff cover was required or familiar agency staff in exceptional circumstances.

- We saw that staff were recruited safely and all the appropriate pre-employment checks were carried out by the provider to protect people from the employment of unsuitable staff.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required and this was audited by the registered manager. Regular checks were completed and action was taken when necessary to ensure people's medicines remained safe. For example, ice packs were used to reduce storage temperatures during the summer when it was particularly hot.

- Staff completed training in medicines administration and their competency was checked regularly to ensure their practice had remained safe. There had not been any medication errors in the home, this was aided by medicines only being administered by senior care staff.

- Guidelines were in place for all 'as required' medicines which ensured staff knew when the person needed these medicines and how to evaluate their effectiveness.

- People's medicines had been reviewed by their GP to make sure they remained suitable and had been reduced or discontinued where they were no longer required.

Preventing and controlling infection

- Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing gloves and using red bags for soiled laundry. Information about how to prevent the spread of infection, for example, effective hand washing was available in the home. Personal protective equipment was available for staff to use to prevent the spread of infection. The home was clean and free from malodour.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any learning which may help to prevent a reoccurrence. These included, any triggers identified, how the situation was calmed, what was effective and ineffective, whether physical intervention was needed and 'as required' medication used, ideas to prevent reoccurrence and whether any changes were needed to the person's care plans. For example, following an incident of self-harm during the night, hourly monitoring was implemented for the person. This was then changed to an audible monitor to enable safe monitoring at all times.

- Records showed that a 'de-brief' was completed following incidents which also supported staff's learning and identified changes in practice to provide more effective support for people.

- The registered manager and staff were keen to develop and learn from events. Records kept were of good quality and overseen by the registered manager who monitored for any themes or patterns to take preventative actions and learn from incidents and accidents. For example, they identified trigger points for one person's behaviour that challenges for certain times of the day and therefore changed rotas to ensure sufficient staff were deployed to support the person at these times.

Is the service effective?

Our findings

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

Good: ☐ 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's needs were comprehensively assessed and included the outcomes people hoped to achieve from their planned care and support before they moved into the home so staff could support them effectively. The registered manager had declined referrals to the home where they were assessed as incompatible with the people already living at the home and people were encouraged to meet potential new people before a vacancy was agreed.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, around positive behaviour support and guidance on supporting people living with autism. Information was available and included in people's care plans to enable staff to provide appropriate and person-centred support according to their individual needs. The culture at the service promoted a least restrictive approach which had led to less behaviour that challenges and positive outcomes for people. For example, one person who used to hit out at staff regularly, hasn't done so for over three years and incidents where people have self-harmed have significantly reduced. One health professional told us, "The residents I have been concerned with have quite profound learning disorders and a history of difficult behaviour. Since residing at Goodwins they have appeared happy and settled and the team at Goodwins have made efforts to minimise challenging behaviour by various means, and with a good rate of success."

- All staff were trained to use 'intensive interaction' techniques to engage with people. This was recorded daily and records were analysed to see what works with individuals, to enable more activities which worked and remove those which didn't. From this, the registered manager had produced a list of activities for each person as a reference point for staff intensive interaction techniques. The registered manager described how this has helped people gain confidence and make more choices and taught new staff the success you can have in engaging with people who are non-verbal. For example, eye contact throughout an activity. Detailed observations were completed weekly which showed the progress people had made, where they had become more independent, learnt new skills and increased their confidence, staff engagement and general wellbeing.

- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion, and gender preferences for staff support. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff skills, knowledge and experience

- Staff had received appropriate training to support people and more service specific training to support people living at the home, such as Intensive interaction, autism awareness, sensory integration, Makaton, SPELL and active support. Makaton is a language programme using signs and symbols to help people to communicate. SPELL is a framework for understanding and responding to the needs of people living with

autism. Staff spoke highly of the support they had from the registered manager and received regular supervision, competencies and annual appraisals. The registered manager had introduced key policy knowledge checks for all staff which assured them of staff's understanding of these policies.

- Staff were competent, knowledgeable and skilled. Staff told us about training they had received which helped them to provide effective support. They had applied their learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, the use of 'SPELL' and 'Intensive interaction' and how this was used with people daily. One relative told us, "(Name) is brilliant, he's good with (name) who is not easy to be with, he handles (name) well."
- New staff were introduced to people prior to providing any support and were supported to learn about people's needs by familiar and experienced staff. This enabled people to experience a continuity of care and minimise the distress and disruption caused by changes in staff.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff ensured people's dietary needs and preferences were met and that people were involved in choosing their meals. Staff told us how they got to know people's likes and dislikes, how they took people to the kitchen to encourage them to choose their meals. Pictures of meals were used for people to pick their menu and involve them in making up the 'meal board'. The home had implemented a 'taste testing' regime to identify people's choices at meal times, whereby if people didn't like their meal they were offered something else until their preferred choice was identified.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these. Staff told us how they monitored if one person drinks enough as they will not ask for a drink. Another person used to regurgitate their food, however staff identified that if they changed the time the person ate, then this stopped.

Staff providing consistent, effective, timely care

- People had a Health Action Plan (HAP) which offered an overview of people's healthcare needs. Hospital passports were also in place. These were documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they have. Healthcare records and plans were comprehensive and offered clear guidance for staff for all people's healthcare needs. Easy read risk assessments made it clear to staff how to mitigate any risks. Detailed records were maintained for all health appointments, for example with the dentist, chiropodist and optician. Monthly health reviews were completed which ensured people's health plans were up to date.
- The home focused on ongoing assessment and positive outcomes for people to ensure they received any support they needed from healthcare professionals such as a Speech and Language Therapy (SALT) quickly. Health care records showed concerns were acted on and guidance was available to staff. One person who had a fear of dentists had a goal to desensitise them to visiting the dentist with a plan in place to achieve this.
- People's health and medications were reviewed at regular check-ups with their GP. People were supported to maintain good health and were referred to appropriate health professionals as required. For example, one person whose health had deteriorated, was diagnosed with a specific medical condition. They were supported to access the healthcare they needed, referred to the relevant health professionals and consequently their health and quality of life had improved.

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

- People's rooms were personalised. Staff told us people had been involved in choosing the decorations and objects in their rooms. People had their own belongings and equipment such as televisions and music systems so they could spend time alone if they wanted to with their chosen activity. We saw that people's rooms reflected their personal interests and preferences and met their needs. For example, due to one

person's repetitive behaviour, their bedroom furniture was constantly being damaged and replaced. This meant there were times when the persons belongings had to be stored in another room. The provider therefore sourced specialist furniture for this person to enable them to have full access to all their belongings in their bedroom in line with their wishes.

- The environment was accessible, comfortable and met people's needs. For example, there were various communal areas in the home and garden where people could watch TV or listen to music, receive sensory stimulation and engage in activities.

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 with appropriate legal authority. 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 Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this and worked within any conditions made.

- People were assessed as not having the capacity to make decisions in many areas of their lives. However, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff could understand people's vocalisations, body language and behaviours to establish whether consent to care was given and their day to day choices.

- Decision specific mental capacity assessments were completed and a best interest process followed in relation to decisions about people's care and treatment. For example, around medication, road safety, personal hygiene and whether to have the flu vaccination. People had 'MCA decision making agreements' in their file which identified the decision, how to involve the person and who makes the final decision. For example, people could make their own choices around food, clothing and activities. People were encouraged to make decisions for themselves where possible and were provided with sufficient information to enable this in a format that met their needs.

Is the service caring?

Our findings

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported

- People continued to show they liked staff. They chose to spend time with staff, sat next to them and sought their support to meet their needs. For example, guiding staff to the kitchen for a drink. People were happy and relaxed in their home and with the staff supporting them. Staff showed affection and touched people in a kind and gentle way. One health care professional told us, "I have only ever been impressed by the service they provide and the genuine care and friendship they offer to the people living there."
- Staff supported people in a caring way to promote their health and wellbeing. People displayed positive signs of well-being through smiling, laughing, making happy noises and gestures. There was a positive, professional and compassionate atmosphere which was infectious. A health care professional told us, "Since residing at The Goodwins, they have appeared happy and settled". Staff were available to support people all the time
- Staff anticipated people's needs and recognised immediately when they were anxious or upset. This was demonstrated by the continuous reduction of incidents where people showed behaviour that challenges. The home managed any behaviour that challenges in a positive way to achieve effective outcomes for people. This meant there was less use of 'as required' medication and no use of any restrictive or physical interventions.
- All, except one person, had no verbal communication. People continued to communicate with staff through gestures, facial expressions, body language and noises. Staff knew people well and therefore knew what they were communicating and responded to this to meet their needs. Since the last inspection the home has established the use of 'intensive interaction' to fully engage with people. Intensive interaction is a practical approach to interacting with people living with learning disabilities who do not find it easy to communicate or engage socially. Staff were clearly skilled and engaged with this approach and were genuinely pleased to be at work. One staff said, "It's invaluable to get people to interact with you. If you enter their world, people notice. It's personal to the individual, it's about making a connection where 'normal' communications do not hold any interest for people. You are with them, at their pace, in their activity and hopefully they will invite you to participate in it with them."
- We observed caring, respectful and positive interactions throughout the inspection. Staff engaged meaningfully with people as individuals and changed their approach to suit people's needs, for example around their communication. It was clear that staff had meaningful relationships with people, understood their backgrounds and disabilities and that people's wellbeing was their focus.

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

- Staff showed diligence in making people feel valued. They spoke respectfully to people and showed a good awareness of people's individual needs and preferences. They would ask the person's permission

before doing something and engage people in everything they did. Staff supported people to be able to express their views and be involved in every decision possible. There continued to be an 'inclusive' atmosphere and staff were continually finding new ways to communicate and engage with people. Staff asked people what they wanted to do and then supported them to achieve it. People were consistently offered choices, for example about where they wanted to be, what they wanted to wear, or to eat. One person had recently chosen where they wanted to go on holiday.

- The service continued to have a strong person-centred culture. Staff could tell us about people's individual needs, preferences and backgrounds. The registered manager and staff promoted positive outcomes for people. Records confirmed that people's views about how they wanted to be supported had been explored and used to inform their care plans. People were involved in the recruitment of new staff; short-listed applicants were invited to visit the home so people could meet them if they choose to and give their feedback.
- People could have visitors whenever they wanted and people were supported to keep in touch with their family and friends and maintain their relationships with people important to them. The registered manager and staff team had supported people to regain contact with their families. This was life changing for one person who was reunited with their relative after 20 years. The registered manager had received compliments from this relative about this and how well their loved one was. Another person had been supported to visit their relative who was unwell.
- Where possible the home involved people's relatives in planning their care. Where people did not have relatives, independent advocates were accessed to support people if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.
- People had a 'keyworker' who took the lead in their care, for example in arranging their holidays and were involved in any meetings with the person. People's keyworkers were allocated based on people's preferences, interests and compatibility and met with people regularly.

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service's culture and values. Staff understood it was a person's human right to be treated with respect and dignity. Staff listened to people, respected their choices and upheld their dignity when providing personal care. For example, making sure doors and curtains were closed and covering people up.
- People's confidentiality was supported and information about people was held securely. Staff told us how they respected people's privacy by not talking about them in front of other people and knocking on their bedroom doors and waiting for a response before entering.
- People were encouraged to maintain and develop their independence as far as possible. For example, participating in cooking and cleaning. The approach continued to be staff doing activities 'with' people rather than 'for' people. We observed staff enabling a person to make a cup of tea. One person who used to have support with eating, was now eating independently. Staff described how they had supported one person to go shopping to choose their own clothes for their holiday. The home had achieved positive outcomes for people as their independence had increased and staff continuously supported people to achieve more. People's care reviews included goals which were meaningful to them and their progress was monitored and reviewed to support them to develop their skills at their own pace.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. .

How people's needs are met

- Two people have moved to the home within the last few months at short notice. One commissioner involved told us, "They were very accommodating, taking someone at short notice and when asked to, they did it." They also described how they had followed up the persons care since they had moved into the Goodwins and how they were very settled. The registered manager told us how they had gone into the previous service daily for three weeks, had looked at the person's current care plans, talked to them and showed them pictures of The Goodwins. This had enabled them to build up a rapport with the person who came and viewed The Goodwins, decided they want to live there and then moved in a week later. The transition had been hugely successful and the person has already achieved positive outcomes. For example, when anxious they would exhibit self-injurious behaviours but they have not done this at all since moving into The Goodwins.
- Another person who recently moved into the home has also received positive outcomes, for example a previous placement stated the person was incontinent at night time. The registered manager worked with staff to identify how they could support the person at night time. As a result of the support offered the person is no longer incontinent. The registered manager and staff refused to accept information at face value and committed to finding what worked for the person.
- People living at The Goodwins had a wide range of complex needs. However, they were all supported to live their life how they wanted and their care and support was designed to support this. People's care records included information about their preferences and choices and what is important to them. People's care plans identified where they would benefit from support to become desensitised to certain events or activities. For example, one person found it difficult to trust people and be near them, so staff have slowly and gently built up their 'space sharing' with the person to desensitise them to this. This has resulted in the person being more trusting with sharing space with other people. They have now regularly sat close to staff and enjoyed a hand massage. Another person who used to spend large amounts of time in their bedroom, has now spent more time in communal areas with people. Another person used to be restricted from going into the kitchen as they would eat everything due to a health condition, they have now sat in the kitchen while a meal was being prepared.
- The registered manager had implemented a desensitisation programme to increase one person's confidence and participation which led to the person showing more confidence around other people and being able to participate more. For example, they have taken their dirty dishes to the kitchen and their dirty linen to the laundry room; and they were now able to stand up to show staff they wanted the toilet.● People were enabled to participate in a range of activities within and outside of the home to meet their individual needs. Staff were aware that some people could only engage with activities for a short time and therefore supported them to achieve the right balance of engagement and relaxation. People enjoyed various activities within the home, such as music sessions with a guitar, reflexology sessions, intensive interaction

sessions, hand massages, baking, colouring, puzzles, dancing and barbecues in the summer. One person liked to build with Lego bricks and another person liked to tap spoons. We observed these activities were made accessible for people to engage in should they chose to do so. One person used to wander around the home and not engage with staff so staff devised an activity which has made this meaningful for the person, in the form of a daily treasure hunt. The person would look for specific items and take them to staff and this was done at their pace when they wanted to do it. Staff told us how this has led to more engagement with staff from the person and an increase in their confidence.

- In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities. The home had their own vehicle which enabled people to access their community and people were supported to use public transport. People went shopping for their personal items or to the hairdressers; took a walk along the coast, went out for a meal or to the pub, went swimming, did crazy golf and visited wildlife parks. People also enjoyed day trips or holidays. Staff told us how they are 'ambassadors' when they are out with people in the community, how they are trying to change the general public's attitude towards people living with learning disabilities and how their positive attitude can go a long way to change preconceived ideas.
- People's communication needs were known and understood by staff and this was enhanced using intensive interaction. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. This included a description of signs and gestures and their known meanings. For example, one person rubbed their stomach when they were hungry and used an action of steering a wheel if they wanted to go out. Information was shared with people and where relevant available to people in formats which met their communication needs.
- Technology was used to support people's needs. For example, the use of audio monitors and door alarms to keep people safe at night.

Personalised care

- People received personalised care and support specific to their needs and preferences. The registered manager told us how people get up when they want to, have their own routines, eat when they want to, choose when they have a bath and what time they go to bed. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs and hopes and dreams. One staff member told us, "It's about dealing with individual's needs, with five people on one to one support it has become very person centred." Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- People's care plans were detailed and contained clear information about their specific needs, their personal preferences, routines, likes, dislikes and what was important to the person. Each person's care and support was regularly reviewed and updated to reflect their changing needs. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. One healthcare professional who visits the home told us, "People's needs were explained to me...Everybody is very in tune with the residents. I can't understand what some people say, the support staff will know what they said, there's obviously good communication."
- People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.

Improving care quality in response to complaints or concerns

- There had not been any complaints. A concerns, complaints and compliments procedure was in place for relatives and visitors. This detailed how people could make a complaint or raise a concern and how this would be responded to. People would not be able to make a complaint following a process therefore staff were observant and used interactions with people to identify if they were happy with their care and support.

The registered manager told us that they would involve advocates if needed. Relatives and health professionals told us they felt able to speak to the registered manager at any time.

- People were asked about their views in group and individual meetings and care plan reviews. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have if they were unable to tell staff about this.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were made available to people's families for completion should they chose to do so. Where known people's wishes were recorded and families were involved as appropriate.

Is the service well-led?

Our findings

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Leadership and management

- The registered manager had created an exceptionally positive and value based culture which had clearly inspired and motivated staff to achieve positive outcomes for people and ultimately improve people's lives. They were a visible presence in the service, they continued to have an 'open door' policy where people and staff approached them whenever they wanted. They were caring and enthusiastic and knew everyone extremely well. All feedback from health professionals and commissioners was positive. Comments included, "I have been impressed by the current management", "The manager is almost always there when I visit. (Name) has a 'hands-on' approach towards the residents so is very much involved in their day to day care, as well as doing office work. From what I have seen (name) appears to be a good and effective team leader." One relative told us the registered manager was responsive and had spoken to them last week about Christmas plans and presents for their loved one.
- Staff consistently spoke highly about the registered manager and that leadership was open, transparent and always available to them when needed. Staff told us they felt supported to gain qualifications and develop their skills. Staff could raise any matters with the registered manager and felt they would be listened to and acted on. One staff member said, "(Name) is the best manager I have ever worked for, a great mix of knowing their stuff, being approachable, a lot of experience and commands respect. You can have the most brilliant ethical conversations with (name). (Name) jumps straight onto good ideas. When they need to step in, we listen. There is nothing they wouldn't do for any of us."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider supported the registered manager and planned and delivered person-centred, high-quality care and consistently achieved positive outcomes for people. This considered all aspects of a person's life, addressed people's health needs promptly and maintained links with their local community. This was evidenced through feedback received and records reviewed. The registered manager told us the provider supported them in their role and had given them every resource they had asked for. The area manager regularly visited the home and the providers compliance manager also visited the home twice a year and completed a comprehensive review and development plan based on CQC's methodology. The last one was completed in July 2018 and concluded, 'The manager had built a safe, effective, caring, responsive and well led service on the foundations of person focused practice, innovative thinking and sound management skills which incorporated excellent record keeping, regular efficient monitoring and auditing systems and staff mentoring.' The findings at our inspection would support this statement. The actions identified from this provider review were to continue to develop staff's knowledge in new areas, for example changes to legislation and data protection law.

- The culture of the service was caring and person-centred with a focus on positive outcomes for people. It was evident staff knew people well and put these values into practice. People continued to be at the centre of the home where everything revolved around their needs and wishes. One staff member said, "It's about providing the best care we can and making sure people are happy." Another staff said, "I like the way we are getting away from trying to square a circle anymore, people's care is tailored to them, it's about their quality of life."
- The registered manager demonstrated how they fulfilled their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- We observed there continued to be clear and open conversation between people, staff and the registered manager. The provider and registered manager regularly sought the views of people, relatives, health professionals and staff through surveys, reviews, meetings and through informal conversations. Comments forms were available and there was a suggestions box in the entrance for visitors to use. People were engaged in feedback about the home through key worker meetings, care reviews and other innovative ways. For example, staff took photos of places people went to visit and activities they did. They then used these to gain feedback from people as to which they enjoyed to plan for future activities.
- The registered manager's drive and ethos had involved and engaged the staff team to develop the home. Regular team meetings were held and minutes demonstrated staff discussed people's needs along with service development plans, feedback and lessons learnt. For example, they had learnt one person did not like their support files downstairs so they changed this to keep them upstairs in the office. Staff were empowered to voice their opinions, and the registered manager and provider responded to suggestions made.
- All the feedback from surveys completed with health professionals was positive. Comments included, 'Warm and friendly interactions, treated clients as individuals.'; 'Monitoring sheets were completed to a high standard'. And, 'I am confident the home would get in touch with us if they needed advice or support.'
- The service had continued to develop their links with the local and wider community, and other organisations to support people's preferences and meet their needs. People knew their neighbours and had built relationships with people in the community, for example in the local shops.
- The registered manager and staff continued to work in partnership with other services, for example their GP, community pharmacists, advocacy, speech and language therapists, dieticians, community nurses and occupational therapists to ensure people's needs were met in a timely way.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager had highly effective oversight of what was happening in the service. Risks were identified and acted on promptly to monitor the safety and quality of the service people received. People's care records were well organised, up to date and kept under regular review to ensure the information was accurate.
- The registered manager could respond immediately to any questions we raised and demonstrated an in-depth knowledge in all areas. The registered manager had worked at the service for over five years and there was an experienced, consistent staff team, most of which had worked at the home for many years. Two staff told us how they had left as they had moved from the area but had come back to work at The Goodwins as they enjoyed it so much or it's the best place they have worked.
- Staff were knowledgeable in all aspects of their role and responsibilities and were well supported by the registered manager to continually develop. There were opportunities for staff to progress their career with the provider and an 'inspiring people strategy' poster was on the office wall, with one-page profiles of all staff. Staff were highly motivated to provide the highest level of care possible and to continuously improve

the home and people's quality of life. Staff could tell us many examples of where they had achieved this through consistent focused work with people.

- The providers quality assurance systems enabled the registered manager to monitor and identify any shortfalls in the quality of the service people received. They continued to audit all aspects of care such as medication, finances and health and safety. Action plans were completed to identify any improvements needed as a result of audits and quality checks by the provider. These showed action was taken in response to the findings and monitored for completion. 'Lessons learnt' sessions were held during team meetings which looked at consistent approaches, positive behaviour management and reviewing risk assessments. This had supported the reduction of incidents of behaviour that challenges.
- The providers compliance manager also visited the home twice a year and completed a comprehensive review and development plan based on CQC's methodology. The last one was completed in July 2018 and concluded, 'The manager had built a safe, effective, caring, responsive and well led service on the foundations of person focused practice, innovative thinking and sound management skills which incorporated excellent record keeping, regular efficient monitoring and auditing systems and staff mentoring.' The findings at our inspection would support this statement. The actions identified from this provider review were to continue to develop staff's knowledge in new areas, for example changes to legislation and data protection law.
- Information from the quality assurance system, care plan reviews and incidents was used to inform changes and improvements to the quality of care people received. The registered manager was continually reviewing and learning where possible. For example, they tracked and analysed behaviour records to reduce incidents; rated the success of weekly activities to plan for future activities; and analysed weekly detailed observations to identify the development of people's skills, independence, confidence, engagement and wellbeing development. This showed how progressive the service strived to be and demonstrated an open and positive approach to learning and development.
- Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website.