

Voyage 1 Limited

# Derwent Cottage

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Derwent Cottage is registered to provide care and accommodation for up to four people with profound learning disabilities and/or autism. At the time of our inspection four people were living at this service.

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

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

The leadership and team working within this service was exceptional. This ensured everyone received high quality and personalised support. The history of this service showed the provider, registered manager and the staff team worked in partnership to continuously improve and this achieved the best outcomes for people. Everyone without exception, praised the leadership and compassionate approach within this service. Staff were responsive to people's needs, whilst supporting them to learn new skills to improve their health and well-being. Health professionals described the service as; "Refreshing" and "The best I have experienced."

The leadership encouraged staff to approach people in a person-centred way, understand their needs and remove barriers to exceed expectations. People achieved positive outcomes through staff exploring and being innovative in the way they supported them. People's independence was encouraged by staff that were creative in finding ways to enable people's living skills to flourish. Activities, events and therapies were adapted to each person's needs to support social inclusion and promote choice whilst considering people's preferences.

Staff cared for people like they would their own family members. Relationships between people, staff and the registered manager were exceptionally proactive. People trusted staff that knew and understood them exceptionally well. Records and observations showed management and staff responded proactively to known risks to people and the aftercare with and without input from health professionals was taken above and beyond normal practices.

The service demonstrated the remarkable achievements made to improve people's quality and experience of life. Relatives told us, "The service worked closely with teams of health professionals and in the wider organisation to look at ways to improve outcomes and support individual achievements. Step by step processes had been introduced, people had gained new skills, become settled in themselves and responded positively. Staff were self-aware and listened to people expressing themselves before considering the best way to support each person.

The service demonstrated positive outcomes for people which reflected the principles and values of Registering the Right Support. This included supporting people to make their own decisions and choices to maintain independence and control of their lives. People's life experiences were improved by staff accessing the right support at the right time, to maintain positive outcomes for people's health conditions. The service ensured people's rights were upheld and advocated on their behalf when necessary. This meant people received timely care and support from health professionals and other agencies, which had a positive impact on their lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People and their relatives or representatives were fully involved in all aspects of their care. People's aspirations were considered, and relatives involved in nurturing these achievements which encouraged people's participation. The vision and values were embedded in the culture of the service, staff were committed and focused to deliver care that supported people to achieve their own goals and aspirations.

Staff knew the importance of asking for people's consent before delivering care and support to them. Staff knew how people expressed themselves and were mindful to ensure they were settled and happy before proceeding.

The registered manager had a wealth of experience and exceptional leadership skills. The staff team communicated exceptionally well to deliver the best outcomes people could achieve. The registered manager was constantly encouraging staff to look at ways they could enhance people's lives.

The registered manager and staff put people at the heart of everything they worked towards. The working relationships between people and staff were extremely productive and harmonious. People's well-being had significantly improved, some over a short period of time. This showed how the service succeeded in delivering high quality care and support in partnership with people.

Since the last inspection, the service had continued to review processes and introduce new initiatives to support achievements and people's life skills and independence. Where positive outcomes had been achieved this practice was shared with other staff that managed services run by the same provider. The registered manager at this service took an active role in auditing and supporting other services to achieve outstanding ratings.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with, or who might have, mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. At the time of our inspection the service did not use restrictive intervention practices.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was Outstanding (published 18 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally 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.

# Derwent Cottage

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced on the first day of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### 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 also spoke with three support workers

and the registered manager for this service.

We reviewed a range of documents. This included three people's care plans and multiple medicine administration records. We looked at three staff files including training and supervision, and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

Following the inspection we spoke with three health professionals to gather their feedback. We also received feedback from the representative for three people living at this service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- The service supported a national project called STOMP. This stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. Staff worked proactively with people and health professionals to reduce the amount of medicines they were taking including the use of PRN (as and when required) medicines. People's medicines had been regularly reviewed. Advice had been followed when given and strategies adopted to manage people's anxieties and/or behaviours, which had resulted in the significant reduction of medicines people needed to take.
- Systems ensured medicines were administered, stored, monitored and disposed of safely. The service provided extensive training to staff, shadowing and competency checks before signing them as competent to administer medicines.
- There was a person-centred approach to medicines administration. People had their medication available to them whether in the community, at home or in hospital. This meant staff or other agencies could administer any medicines needed without delay.

### Assessing risk, safety monitoring and management

- Health professionals told us the service monitored safety extremely well. The service liaised with health professionals involved in people's care, so they were kept informed of any changes in terms of risk.
- Positive risk taking was promoted and people were empowered to take maximum control of their lives. For example, one person was supported to access the community regularly. This is something they had not been able to do in previous placements due to their anxiety. Staff were proactive and managed risks to enable this to happen for the person.
- Staff received specialist training and support from the service's PBS (positive behaviour support) Academy. PBS is a method of learning about a person and why they may become anxious or distressed. Once staff understand why, they can work to remove triggers and/or support people better to prevent anxiety.
- People were able to live fulfilled lives as active participants in their community and live harmoniously together because of the successful PBS approach. Staff had an excellent understanding of why people became anxious and how to avoid people becoming distressed. One person's representative advised, "The individuals that live at Derwent Cottage appear to be happy and well looked after. This can be observed directly when visiting the home, but also by the reduction in behaviour incidents, and the reduction in certain medications."
- Restrictive practices were only used as a last resort. Staff knew people extremely well and used positive communication and promoted people's preferred routines to reduce the likelihood of distress occurring. This reduced the need for physical interventions.
- Care plans and risk assessments were extremely detailed with step by step guidance on how to support people at times of distress. All staff worked in the same way to provide consistent support for people. This



team work enabled staff to reflect and analyse behaviours to continue to learn the best way to support people and improve their feelings of wellbeing and independence. For example; staff had designed bespoke environments such as a garden sensory area which people could use when anxious to relax and calm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were minimised as staff were exceptionally skilled in their approach, had received extensive training and mentoring in positive behaviour support. In addition, staff had in-depth understanding of people's needs and their preferred communication methods. This meant incidents in this service were rare.
- The registered manager led an open and transparent culture within the service in terms of reporting incidents and keeping people involved. One person's representative advised, "Any incidents/accidents are dealt with promptly, for example if a safeguarding alert is required this will be completed in the recommended time frame. If there are any medication errors/incidents/concerns with any of the clients I work with at the home, I am contacted by staff or the manager to keep me informed, or to ask my advice."
- There was a whistleblowing policy in place. Staff told us, "I feel extremely confident that my confidentiality would be maintained and that my concerns would be dealt with appropriately." The registered manager said they encouraged a 'no blame' culture, they said, "It's important we are open and transparent, we want people to feel confident reporting to us."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The registered manager was available and worked hands on with people. This meant staff time to engage people in meaningful interactions throughout the inspection. People were calm and relaxed in their company..
- Recruitment processes were robust to ensure staff were suitable to work in a care environment. Values were considered during the recruitment process to ensure potential employees had the right integrity and passion to work with the people living at the service.

Preventing and controlling infection: Learning lessons when things go wrong

- Systems were in place to protect people from the risk of spreading infections. Staff had access to personal protective equipment (PPE) and had good knowledge of how to protect people from infection and disease. Staff received annual refresher training to keep them up to date with best hygiene practices.
- The service had effective systems to capture vital information about incidents. The registered manager, provider and positive behaviour support practitioner worked together to identify and learn from these to reduce to likelihood of repeat incidents.
- All significant events in the service were analysed and lessons learnt shared. Regular staff meetings supported open discussion and encouraged reflective practices to embed and strengthen learning within the staff team. This was extended and shared with all services run by the provider.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The service continually re-assessed people's needs, researched and improved practices to obtain better outcomes for people. One health professional told us, "[Name of person] I recently visited, I read their care plan and knew exactly how staff supported them. This was someone who likes routine, the care plan listed types of things to ask and how to communicate with them using objects and sensory prompts. This helped me to communicate and support them consistently and they responded well."
- People were visibly happy and engaged with staff. People's lives had significantly improved during their time at Derwent Cottage. For example, one person had self-neglected prior to their admission into Derwent Cottage. Staff had worked alongside health professionals, completed their own research and changed practices to improve the persons wellbeing. One person's representative said, "I have been visiting the service for nearly three years, and so far I have never had to raise any concern regarding the service. In my area of work, I have used this service as a bench mark of how a learning disability service should be run."
- Staff were knowledgeable about using best practice guidance to work with people to improve their experiences. People experienced positive outcomes due to the excellent and proactive use of PBS. Looking at why behaviours were happening and how staff could work to reduce them had significantly improved people's communication, independence and access to the community. People felt safe and understood by supportive staff, because of this the likelihood of physical interventions being used had dramatically reduced.
- Processes were continually reviewed to adapt and improve practices. For example, the provider had continually reviewed their practices for administration of medicines. As a result of these changes medicines errors had significantly reduced.

Staff support: induction, training, skills and experience

- Staff received extensive training specific to people's health conditions. We observed how staff used this training and their knowledge of people to monitor seizures, which they were able to predict based on their knowledge of what was everyday behaviour for each person. Staff exceptional knowledge enabled health professionals to design the best treatment for people.
- Staff received additional training above and beyond what they requested and told us support from the registered manager was "the best." The registered manager had introduced 'Toolbox talks' on specific topics at the start of every shift to reinforce training and development. Staff discussed topics and completed quizzes to increase their knowledge and awareness. Topics included autism which opened up discussions about how this could affect people. Staff told us this innovative approach to training had improved their understanding and helped them to explore different ways to support people leading to better outcomes.

One person's behaviours had been managed more effectively and they had increased their engagement in activities such as washing their own laundry and baking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff could describe to health professional's people's health conditions, risks they posed and how to manage them effectively, this supported better diagnosis and treatment for people. Staff were able to put themselves in the person's shoes to deliver the best emotional and physical support when they required support with their health.
- Oral health care plans were in place and people had access to dentists. Initial assessments included personalised information such as type of toothbrush people used and how regularly they were supported to brush their teeth. Prompts were in people's bathrooms to support independence.
- Staff adapted the way they worked alongside health professionals to prepare people for hospital appointments in a person-centred way. For example, staff had worked tirelessly with health professionals for one person who required an operation. Staff considered how they could make the experience a positive one for this person. They took photographs of the hospital room and took equipment from the hospital to the person's home environment for them to get used to it. This had worked well to reduce any fears and put the person at ease when they were admitted to hospital and the team used the equipment to successfully deliver anaesthetic.
- Technology was used to monitor for changes in people's health conditions such as epilepsy, without being too intrusive but enabling fast response times should they experience a seizure.
- Staff showed professionalism and courage to challenge health professionals, so people gained access to life saving treatments. Staff had championed one person's rights to receive appropriate health screening to diagnose a condition. Staff knew the person really well and insisted something was not right, despite reassurances from health professionals they continued to attend appointments until the person was referred for further investigations. The person was eventually diagnosed with a serious life-threatening condition and was supported to receive treatment.
- Staff had gone above and beyond to benefit others by sharing information with a person's family to ensure they sought medical checks for a hereditary condition.
- Information about people was shared with other agencies such as hospitals, so they had awareness of how to support people to improve their experience outside of the service. People received annual health checks and medicine reviews in line with best practice guidance.

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

- Specialist diets when needed were identified during initial assessments. Staff identified any changes in people's support needs and sought appropriate advice from health professionals when needed. The registered manager sought any additional training from specialist professionals to support staff.
- Staff supported people without being intrusive and allowed them freedom to be as independent as they could be. One person was encouraged and supported step-by-step to prepare vegetables during our visit. The way in which the staff worked with the person and managed their behaviour meant they successfully completed the task. The patience, commitment and understanding staff had towards each person was integral towards their progress and achievements they had made.

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

- Communal areas had been adapted following autism specific environmental assessments to ensure people felt confident using them. For one person they were able to feel comfortable in the communal lounge area following the adaptations and rather than avoiding this space were often seen relaxing there.
- People were encouraged to use the kitchen facilities to make their own refreshments.

- People and their families were supported to decorate and furnish their rooms to best suit people's likes, such as colours or themes. In addition, staff encouraged more personalised touches, such as poems written by families had been framed and read to people to support them to relax during periods of anxiety.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The provider had records to advise whether people required applications to be submitted under MCA and DoLS for authorisation. The registered manager monitored and reviewed any applications.
- People were involved in making decisions about their care. The provider ensured people's best interests were considered and worked to minimise the use of restrictions. The views of others such as, representatives and health professionals recorded. One person's representative advised, "When making decisions regarding an individual's delivery of care, the staff are aware of each individual's support needs, the staff look at ways the individual can be a part of that decision-making process. All options are explored, and the decision is made in the best interest of that person."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant 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; respecting equality and diversity

- People's representatives described the service as; "Working extremely well and effective" and "The service is definitely well-run and considers people's diverse needs."
- Health professionals told us the registered manager and their staff always gave 100 percent to ensure people received the highest standards of care. One person's representative advised, "The staff at the home will go that extra mile for the individuals that they support. This can be seen in the various approaches and trying to find new ways to aid communication."
- Staff received equality and diversity training and championed people's rights so they received the best support available to them.

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

- People were fully involved in planning their care, staff encouraged people to explore different options available to them, so they were the decision makers in how they received services.
- Staff worked with people to identify their aspirations and make plans to achieve them. These were reviewed regularly, and people were exceeding the goals they aspired to achieve. One person had developed skills to understand what items they needed to keep and not throw away. This was a real achievement for them.
- People had extremely complex communication needs which staff understood and enabled people to express and communicate in their preferred way. People were given space to express themselves and opportunity to further develop their own communications which staff noted and recorded. This impacted positively as people's needs were freely expressed and understood. People maintained their levels of independence and built strong relationships with staff. One person's representative advised, "Communication is done through touch, non-verbal communication and also scent. By touching the individuals arm twice this indicates the staff member has asked them to stand, if the individual is standing and turning around in a circle repeatedly this indicates to the staff that they are needed. Scent pots are used to indicate that a staff member wants to carryout personal care, or that it is lunch time, etc."
- The provider regularly sought feedback from health professionals and people's representatives. People were supported to express their experiences of the service through various methods of communication, such as picture cards.
- The provider ensured people had access to advocacy services when needed. Health professionals told us the registered manager was knowledgeable and always available to provide advice and support people to access other agencies without delay.

Respecting and promoting people's privacy, dignity and independence

- Staff had explored people's goals to enable them become more independent. This included people engaging in activities that would normally be overwhelming and challenging for them. For example, one person was supported to shop for their own personal care items such as shower gels. This was important to them as they liked to smell the scents. Staff understood how much this meant for the person and recorded the positive impact this had in terms of their well-being and sense of independence.
- Staff were motivated and worked above and beyond their daily duties to tailor care to each person's individual needs. For example, staff had worked with families to ensure people's bedrooms were as they would like them. This included personal poems from relatives, colour schemes, interactive items and historical likes such as cartoon characters. This comforted people and one person in particular retreated to their room regularly to enjoy quiet time in their adapted personal space. Staff treated people with equality and acknowledged and respected everyone's diverse needs. For example, staff understood how important it was for one person with sensory needs to feel their clothing fabric as this was comforting for them.
- Staff treated people with the utmost respect at all times. They were attentive to their physical appearance and supported people to spend time where they chose such as in their bedrooms or in communal areas. People chose what they would like to do and led staff to places within the service they liked to go. Staff immediately responded and supported them.
- Staff had exceptional awareness of how to maintain people's dignity. They worked patiently with people to explore ways in which they could remain independent and have control of their lives. People that were unable to communicate verbally, with staff support had developed ways to communicate. Non-verbal communications were used to inform staff when they would like quiet time or to complete bathing or personal cares. Staff told us, "Most people do not communicate verbally, but out of respect I still knock on doors before entering" and "When discussing people's needs, we discuss in a private room where no one else can overhear anything."
- Staff were attentive to people's emotional needs, comforting and reassuring them when needed. People openly approached staff for affection and cuddles, staff were aware of the importance of human touch to some residents, such as receiving hand massages to calm them.
- Active support was used to promote people's involvement in everyday life and to achieve independence. The goal of Active Support is to ensure that people with even the most significant disabilities have ongoing, daily support to be engaged in a variety of life activities and opportunities of their choice. Work in these areas had enabled people to achieve more in their daily lives, such as meal preparations and engagement in different activities. The registered manager had advised, "It really changes your frame of mind, it makes you look at each tiny step people can take to achieve their own goals. It's amazing what can be done with the right frame of mind and support in place."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The highly person-centred support people received had significantly improved their lives and this had impacted positively on their well-being. The introduction of the 'active support tool' had influenced better interactions, life skills and activities for people. For example, one person had been supported to plan, and prepare for a holiday. This was the first time this had ever been considered for them. Step by step guidance was provided by staff to support them. Staff told us, "It was amazing, [name of person] absolutely loved it." This undoubtedly lifted the persons spirits and improved their outlook as to what they could achieve in the future. They were looking forward to planning their next break away.
- People were fully involved and informed in all aspects of their support. People's likes, dislikes and preferences were known and respected, staff were committed to providing personalised care. They had an excellent understanding of each person's history and knowledge of their needs from working closely with them. One member of staff advised, "We put people at the heart of everything we do, we are here for them."
- Staff used innovative ways to communicate with people to empower them to do things for themselves. For example, the service had researched and worked with other organisations to improve their positive behaviour support programme. Staff had received specific training which changed their mind set, encouraging staff to think differently and look at how they could facilitate people to change patterns of learnt behaviour. This had also resulted in some people building new life skills they had never achieved before. For example, one person was engaging more in personal care activities. Staff were keen to encourage this level of engagement and work in partnership with people at their own pace to attain their goals.
- One person's representative advised, "From observations the care and support provided is carried out in a person-centred way, taking into account individuals likes and dislikes." Health professionals' comments included, "It's all very individual as each person has 1:1 support, everyone's doing slightly different things. Staff are always working individually with each person."
- Staff worked with people to explore step by step goals, achievements were celebrated and shared in newsletters and staff meetings. Information was recorded about how life changing outcomes had been achieved by people, showing staff put people first and treated them like a member of their own family. Staff also recorded their own day to day achievements, these were celebrated and showed how well the team of staff worked to positively enhance people's lives.

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

- The service tailored activities to suit each person's needs, at a time when they were most receptive. A wide



range of activities and events were considered for each individual based on their preferences, likes and aspirational goals. People were supported to have pamper time, baking, use of sensory equipment or to plan their next holiday.

- Staff considered everyone's needs when planning activities and events. For example, one person with sensory impairments was encouraged to be involved when other people were watching musical films. They had a specialist chair which the music could be plugged into so vibrations could be felt. A health professional told us, "I have observed an aromatherapy ring given to one person to give them a clue they are about to have aromatherapy. We instigated these sessions years ago and they still carry on with that. Even though [name of person] is unable to communicate, as well as using non-verbal prompts they still use speech."
- People were supported to access opportunities within the local community. One person's representative advised, "New ideas for activities, and places to go within the community are continually explored by staff. The activity is tried and then it is documented as to what worked well, and what maybe did not work as well." This enhanced people's lives and showed them what they were capable of achieving.
- The service had researched and delivered bespoke training to support positive interactions and outcomes for people. Activities timetables were in place to ensure these were personal and included new experiences. These were regularly analysed to monitor and improve outcomes, as well as sharing good practice on a wider scale across the provider's services. Staff had utilised these skills and guidance to extend them beyond activities and into the services ethos to attain remarkable results in people's daily lives.
- Staff told us that people's friends and relatives were encouraged and welcomed when visiting the service. People were supported to use technology such as iPads to maintain regular contact with their families.

#### Meeting people's communication needs

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

- The service excelled in ways they supported people to communicate their wishes. Each person had their own way of communicating which staff fully understood and supported. Staff worked tirelessly to explore the best way a person was able to communicate, looking at vibration, the use of scent and positively interacting and sharing responsibilities. For example, one person had a routine in place involving use of different scents to trigger certain activities; a lavender scent was used to encourage them to walk to the bathroom for personal care and other scents such as orange to prepare them to eat food. Various scents had continued to be introduced and this helped the person to remain in control and independent. The values which underpinned this approach were outstanding and enabled people to live as they chose, feel fulfilled and actively participate at all times.
- Alternative formats were available to people when needed. The registered manager was keen to ensure people received information in a way they could understand and that their relatives and representatives were fully informed. Staff supported people in this process, such as prompting reading skills by working closely with them and pausing so people had opportunities to fill in missing words.

#### End of life care and support

- The service had helped people and their relatives or representatives to explore and record their wishes about end of life care. People who were unable to verbally express their wishes were consulted, staff knew them well enough to interpret their non-verbal communications to record their preferences. They were asked about how decisions would be made and who they would like involved.
- Staff enabled people to engage with their religious beliefs and preferences. One person requested a vicar they knew to complete a reading at their funeral and chosen songs for their service. People had recorded



how they would like to be remembered and things they would like their relatives or carers to do during and after the service.

- Staff knew about the importance of involving health professionals to support outstanding end of life care. Staff were skilled as they had received specialist training from the local hospice to understand, empathise and meet people's emotional needs during end stages of life.

Improving care quality in response to complaints or concerns

- People's representatives told us they had not had cause to raise any concerns or complaints. They told us, "The manager contacts me with any issues, concerns, or to ask advise when needed." Everyone described the managers interpersonal skills as exceptional. One health professional advised, "[Name of registered manager] listens to me and has everything prepared for me. She sits down and includes keyworker if appropriate to go through any issues and ensures both the person and the keyworker are there when I need to work with them."

- People and their relatives received information on how to make a complaint if they wished to do so. The registered manager and staff welcomed any complaints or suggestions for improvement, they also supported families to raise complaints when care outside the service was not as it should be. This in turn encouraged other services to listen and improve their practices.

## Is the service well-led?

### Our findings

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

At our last inspection this key question was rated as good. At this inspection this key question had now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider promoted a person-centred approach towards supporting people. Staff demonstrated high levels of self-awareness, excellent communication skills and extensive knowledge of individual's needs. Health professionals described the outcomes the service had on people's lives as, "A credit to the management of the service" and "Refreshing to see."
- The registered manager had a wealth of knowledge both personal and professional and strived to provide continuous improvements to people's lives on a daily basis. Their work ethic and level of accountability were paramount to the smooth running of this service and the outcomes people achieved.
- Staff were proud to work at the service and described a family atmosphere which promoted people's well-being. Staff comments included; "I love everything about my job. Seeing people smile or hearing them laugh it just changes your whole day around. You're here for them" and "It's the best care home that I've ever seen. It's more than just a job you are technically their family."
- Staff told us they felt inspired and that the support they received from the registered manager was "fantastic."

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

- The visions and values of the service interlinked with all staff thoughts and considerations for people. They took time and care to ensure people were at the heart of the service. Staff told us, "It's all about them [people living at the service] and everyone cares so deeply about them."
- Audits and daily checks were robust to ensure the service was well-maintained, safe and continually looking to improve. Lessons learnt were emphasised in newsletters and shared with the wider organisation.
- An open and transparent culture had been developed where improvements and changes in practice were openly shared with external agencies and other providers to drive improvements in the social care sector. For example, the service had worked with one external agency to share their outstanding practices, providing examples for other providers to learn how to achieve a good or outstanding CQC rating.

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

- Relatives and health professionals described the life changing and positivity people had in their lives. People's experiences were monitored and analysed to shape future practices.
- Daily log books and service evaluations were regularly analysed by staff and the registered manager. This

ensured any themes or issues were immediately addressed and records up to date.

- Staff were extremely passionate about how they could shape the future of the service. The registered manager encouraged suggestions and acted on them which made staff feel valued for their contributions. One person's representative advised, "The manager is hands-on, approachable, organised, and shows respect to others. She has shown that she is continually wanting to improve the service by gaining ideas from others."

Continuous learning and improving care; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had demonstrated a transparent culture when things go wrong. Staff were encouraged to talk about any incidents and share their experiences. Everyone learnt from this process. For example, where medicines errors had been made, staff spoke with the registered manager to immediately address them. Staff suggestions had been taken on board to put robust processes in place to reduce medicine errors. No errors had been made since the robust processes had been introduced by the service. Health professionals told us the service worked with them to improve learning when incidents had happened.
- Staff worked with the hospital teams to improve people's physical and mental well-being. One person had been admitted into hospital and their well-being drastically affected. Staff at Derwent Cottages understood this person extremely well including their historical background. They worked with staff at the hospital to ensure the person returned to their home at Derwent Cottage where they began to gradually improve and return to themselves with space, time and a dedicated staff team.
- The registered manager worked in partnership with people in the community to create access to opportunities for people. One person's representative advised, "Individuals are supported in the community, and supported to be a part of the community, this could be to attend a church group, harvest festivals or other community groups."
- The provider had worked alongside the 'Positive Behaviour Support Academy' to look at ways to reduce to use of restrictive interventions and look at alternative ways to support people. This had led to changes in practice across the services run by this provider. They had adopted an open and transparent approach to any type of restrictive intervention and when used at any of their services strict guidelines were in place to report, analyse and review themes and triggers to ensure people were fully supported by a team of specialists that protected their best interests.
- The registered manager recognised staffs strengths and supported them to improve and excel their knowledge base. Their leadership skills enabled them to work alongside staff to understand their challenges and work together to implement successful solutions. This meant people benefitted from an exceptional staff team that worked together to improve people's quality of life.
- Duty of Candour records showed staff had gone above and beyond to ensure the utmost transparency through excellent communication. For example, one person had an incident and the provider sent a letter to them explaining step by step the incident, any injuries and the action taken to mitigate future risks. Where investigations were ongoing a point of contact was given, timeframes and details of other agencies informed.