Insight Specialist Behavioural Service Ltd

Aspley House

Inspection report

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Sittingbourne
Kent
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Tel: 01795438856

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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

Aspley House is a residential care home for two people with learning disabilities and who have behaviours which can challenge. The service is a detached house in a residential area of Sittingbourne. There were two people living at the service when we inspected.

At the last inspection, the service was rated Good. At this inspection we found the service was Outstanding. There was a registered manager at the service who was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People could become anxious and display behaviours which could have a detrimental effect on themselves and people around them. Without the right support these behaviours would occur frequently. Some people had previously had experiences which had made them feel unsafe and their lifestyles had been restrictive. Staff supported people in a way that minimised risks and protected them from harm. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this.

The providers had fully embraced the principles of Positive Behavioural Support (PBS). PBS is recognised in the UK as the best way of supporting people who display, or are at risk of displaying, behaviour which challenges.. The providers had resourced and modelled people's care in accordance with current PBS best practice principles. The provider's philosophy focussed on using PBS alongside person centred planning (PCP) to enhance people's lives and expand their opportunities.

People were supported by staff who had been recruited safely and staffing levels were based on people's needs and activities. People were involved in the recruitment process in a variety of ways. The provider had a comprehensive training and support system which enabled staff to gain the specialist skills needed to fulfil their role. Staff were involved in advocating for people and spoke with pride about what people had achieved. Staff supported people with kindness and compassion using their knowledge of people to provide frequent gentle interactions that prevented people from becoming anxious or distressed. People had limited verbal communication skills and staff used a range of communication tools including Makaton and picture cards to support people to express themselves.

The service had fostered positive working relationships with health and social care professionals which led to joint working to expand people's communication skills and identify new ways for people to access health care. People were involved in planning and preparing their own meals and trying a wider range of meals.

People were involved in planning their own care and care plans reflected their needs and wishes. Staff had the guidance required to meet people's needs and support them through incidents of challenging behaviour

whilst continuing to develop their independence. People had been supported to consider and record their wishes for the end of their life. There was a 'no blame' culture throughout the service, which focussed on opportunities for learning and improvement. Audits of the service were specifically designed to recognise the specialist nature of the support provided and to establish new ways to monitor the quality of the support people received.

People were supported to achieve things that had previously been thought of as 'impossible.' For example, planning a holiday abroad or selecting their own snacks at a local shop. People took part in a variety of activities and were continually encouraged to try new things. People told us about visiting the local cinema and theatre with their friends. The PCP team held regular forums where people from all of the provider's services could meet to give their views and shape the service moving forward. Training courses were provided for people, alongside practical independent living skills, they could also access courses about relationships, sexuality and sexual health, keeping safe and bereavement.

The service supported people to build relationships with neighbours and local businesses to promote understanding and minimise discrimination. Staff understood their responsibilities in relation to keeping people safe from harm. Risks to the environment were identified and mitigated. People were supported to have their medicines in the way they preferred by trained and competent staff.

The providers and registered managers provided consistent and positive support to the service. There was a sense of equality between people and staff in all roles, and a sense of pride in the quality of care people were receiving and the positive outcomes they had achieved as a result.

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 remains Good

Is the service effective?

Good

The service remains good.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The provider was aware of issues which may impact on the relationships between people and staff and sought ways to provide support in a way which minimised the risk of relationships breaking down.

People were supported by staff who knew them well, understood their needs and who treated them with respect.

People were supported and encouraged to develop their independence in all areas of their lives.

The service sought innovative and personalised ways to involve people in planning their care and support.

People were supported to develop, maintain and rebuild relationships with friends and loved ones.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People were at the centre of their support and staff used a variety of tools to ensure that their care met their needs. People's care was reviewed consistently and adapted when required.

People had access to a variety of activities they enjoyed. People were given communication tools to indicate their preferred activity. People were supported to try new things and to minimise barriers to participation which may occur as a result of behaviours which can challenge.

People were supported to raise any concerns in a range of ways.

People were supported to understand the need for an end of life plan and encouraged to record their wishes.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

There was a clear and consistent culture throughout the service which focussed on improving the lives and opportunities of people.

Auditing systems were effective and were developed in a way which recognised the specialist nature of the service provided.

Staff constantly sought new ways for people to give meaningful feedback. Staff, relatives and professionals gave feedback which was analysed shared.

The registered manager and staff continuously sought opportunities for learning and improvement.

Health care professionals stated that communication and information sharing by the service was excellent and effective.

Aspley House

Detailed findings

Background to this inspection

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

Aspley House 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.
This inspection took place on 4 December 2017 and was announced. We gave short notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused. The inspection was carried out by two inspectors.

Before the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we spent time with both people who live at the service. We spoke with the registered manager, deputy manager, person centred planning manager and co-ordinator, the positive behaviour support co-ordinator and three staff. After the inspection we received feedback from two health and social care professionals. We looked at two people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Good

Is the service safe?

Our findings

The safety of everyone at the service both people and staff was a priority; and systems were effective in minimising risks.

Staff had received training related to safeguarding and understood their responsibilities in regards to reporting any concerns. People were supported to develop skills to help them remain safe and to remove themselves from situations which may present a risk to them. People were supported to build relationships with neighbours and local businesses to minimise the risk of discrimination and promote acceptance and understanding. One person took a regular daily walk and often crossed paths with a neighbour walking their dog. After sometime 'nodding' as they passed, staff supported the person to introduce themselves and now they and the neighbour shake hands and say "hello" every day. Other neighbours now say "hello" to people from the service and see them as part of the community.

Risks to people were identified, assessed and plans were implemented to mitigate the risk in the way which was least restrictive to people. Staff continually assessed and managed low level risks throughout the day and were clear about signs to be aware of and actions to take to prevent a crisis situation developing. Risks to the environment were assessed and appropriate action was taken to mitigate any hazards. Regular checks were undertaken of fire systems, the general environment and infection control. When shortfalls were identified action was taken quickly to address these and resolve the issue. Staff had guidance about how to minimise the risks of infection, including using personal protective equipment and specialist bags for specific laundry. The service was clean and free from odour, staff supported people to keep the service clean on a daily basis.

Staffing levels were based on people's assessed needs and there were additional staff who could be available to support in times of crisis. Staff were recruited safely with checks being completed to ensure they were suitable for their role. People were involved in the recruitment process through the use of pre-prepared questions or involvement in the interview. When staff had limited experience in the care sector, they were invited to the service to meet people, people gave their feedback and interactions were observed by the registered manager who then made a decision about their suitability for employment.

People's medicines were managed safely and in the way they preferred. Medicines were administered by staff who had received training and who had been assessed as competent to do so. When people were prescribed medicines to have on an 'as and when required' (PRN) basis, there were protocols in place. These gave staff guidance about why the medicine should be offered, how often and the maximum dosage in 24 hours. When people had PRN medicines to help calm them in times of crisis, this was used as a last resort and the use of these was monitored two weekly by the registered manager and positive behaviour support (PBS) co-ordinator. People's PRN protocols for pain relief gave staff information about how people with limited verbal communication would show signs they were in pain.

There was a culture of learning from incidents, which all staff understood and were involved in. This included reviewing accidents and incidents, offering staff debriefs following incidents and regular

multidisciplinary meetings between the provider, staff team, PBS team and person centred planning team. Changes were made to people's support over time as a result of learning and this had resulted in a measurable reduction in behaviours which can challenge and restrictive practices used at the service.

Good

Is the service effective?

Our findings

Health professionals told us, "I am always very impressed with how knowledgeable the staff and management at Aspley House are about the people they support. Despite their knowledge they are always keen to ask for advice about enabling people to engage in meaningful activities and managing known risks."

People's needs were assessed using a holistic assessment tool, prior to them moving into the service. This supported the registered manager to review if the service could meet people's needs, if the person was compatible with other people living at the service and if any additional staff training would be required.

The resulting care plan was developed in line with good practice, including guidance provided by the National Institute of Health and Care Excellence (NICE), NHS guidance and the principles of person centred planning. The positive behaviour support (PBS) team researched NHS guidance on minimising restrictive practices and identified ways that elements could be implemented in to the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place and had been updated as required. Capacity assessments had been completed for people, and staff had tried a variety of ways to enable people to understand and take part in decisions about their lives. When a person was found to lack the capacity to make a specific decision, meetings had been held to make the decision in their best interest. Information about the person's history, previous choices and preferences were all taken into account when making decisions. All restrictive practices in the service were audited monthly by the PBS team and the staff consistently looked for less restrictive ways to support people.

Staff completed an induction before working independently with people. This included the care certificate, physical intervention training, training about PBS and person centred planning (PCP). They also shadowed experienced staff and were supported to get to know people and how they liked to be supported. The provider had a comprehensive ongoing training programme for staff, this included core subjects such as safeguarding and fire safety. Staff also completed specialist training specific to the needs of people at the service. Training in subjects such as PBS and PCP was continually updated during team meetings, clinical review meetings and interactions with the providers' specialist teams. Staff were supported through team meetings, supervisions and clinical supervisions if appropriate.

People were supported to be involved in planning their menus and preparing their own meals. One person had a very limited diet when they moved into the service and staff had worked with them to expand the foods that they ate to help them eat a balanced diet. New foods were introduced alongside favourites and the person was encouraged to try a bit of the new food.

People were living with long term health conditions, such as epilepsy. Each person had a health action plan which gave details about how they should be supported to stay well and what action should be taken if they

had a seizure. One person's GP recommended they have regular blood tests to monitor the effects of one of their medicines. The person was reluctant to have their blood taken, the service worked with a local learning disabilities nurse to complete a desensitisation process with the aim of the person accepting a blood test. Staff worked alongside the nurse to support the person to remain calm during sessions and used their knowledge of activities the person enjoyed to minimise their distress. The person co-operated well with the sessions but subsequently refused the blood test. It was then agreed it was in the person's best interest to have blood tests taken if they were sedated for any other procedure or if there were indicators of an issue. Staff were proud to tell us that although the person had refused the blood test they did now tolerate having their blood pressure, temperature and oxygen levels checked.

The design of the service was adapted to meet the needs of the people living there. Each person had access to their own bathroom which had a bath or a shower as they preferred. The walls were decorated simply in neutral colours with minimal pictures to prevent people being over stimulated. Furniture and decoration was secured to minimise the risk of items being thrown by people when they were distressed. People had access to a secure garden area which was sheltered and quiet.

Outstanding ☆

Is the service caring?

Our findings

A health and social care professional told us, "The staff at Aspley House clearly put a lot of thought into every aspect of people's care." The provider's focus on care encompassed everyone involved with the service including, people, relatives and staff.

Staff had built strong caring relationships with people. They knew people well and spoke positively about their personalities and achievements. People led interactions and staff followed their lead whenever possible. There was a feeling of equality between people and staff, with lots of humour and laughter. One person chose to play a game of Monopoly with staff and the person centred planning (PCP) co-ordinator. Everyone could be heard chatting; the person found it very funny when staff had to pay them money and joked with staff about not cheating. The staff used the exchange of money to encourage the person to count and increase their awareness of money in a fun way.
The provider was aware that supporting people through incidents of challenging behaviour could have an impact on relationships built between people and staff. In order to minimise the risk of relationships breaking down, reflective practice was encouraged, with staff being given de-brief sessions and the opportunity to express their feelings after an incident of challenging behaviour. The PBS team were working to develop new training around post crisis support after reviewing new NHS guidance around how to support staff who have experienced trauma. There were contradictions between the NHS guidance and NICE guidance so the team were working to devise a way to combine the approaches to give staff the best support possible. The registered manager told us, "We know that incidents impact on everyone differently. We need to find the best way to listen to staff, learn from the incident and support them to continue working with people in a positive way."

People used a range of ways to communicate with staff, these included Makaton, pictures and keywords. Staff were working alongside the local speech and language team (SALT) to develop objects of reference for one person as they had not responded to pictures. People's care plans showed and staff explained to us that some key words people used had multiple meanings. Staff were involved in a piece of work to try and identify these meanings and how to differentiate between them. When people interacted with staff they were given staff's full attention and as much time as they needed to communicate effectively. When people were repetitive in their communication, staff did not become frustrated and continued to respond to people as if it were the first time they had communicated this. Staff picked up on early signs of people becoming distressed or anxious and offered them reassurance.

The PCP team worked alongside staff to find innovative ways to involve people in planning their care. This involved the use of a range of communication tools, meetings and information gathered relating to people's behaviours which could challenge. Care plans were provided in an easy read format when appropriate. Work was being developed with the local SALT and occupational therapy teams to increase staff's awareness of ways to increase the effectiveness of non-verbal communication. If people did not want to discuss certain elements of their care, staff used their previous decisions and choices to guide them. For example, one person was uncomfortable discussing their support relating to managing their behaviours. Staff were aware they had previously been hurt during physical interventions, despite the interventions being carried out

correctly. As a result the person felt unsafe when staff placed their hands on them. A decision was made to use seclusion to support the person to manage their behaviours when they were a risk to themselves or others. This was successful and the person told staff they were happy with this solution.

People were supported by staff who promoted their independence and encouraged them to develop new skills. For example, on the day of the inspection one person prepared lunch for themselves, their housemate and the staff. They took great pride in making the food and presenting it to people. Staff thanked the person and praised them for doing a good job which made them smile and laugh. People and staff sat together to eat lunch, it was very relaxed and sociable. People joked with staff and talked about their plans for the next few days. Later the person offered everyone including the inspector a cup of tea and gave out the drinks to each person with the support of staff. After lunch one person asked if they could make chocolate cornflake cakes, staff agreed to this and negotiated with the person that these would be for supper. The person sought out the registered manager to tell them they were making cakes and offered them to come and eat one when they were finished. The registered manager gave the person praise for all their hard work.

Staff respected people's privacy and dignity. One person chose to spend time in their room; their allocated staff member remained in the hallway available for support whilst giving the person time on their own. Staff checked on the person from time to time, reminding them they were available if needed.

People could have visitors whenever they wished and were supported to build relationships with people. There was regular interaction between people and friends from the provider's other services. One person told us staff helped them to plan a cinema trip with friends recently. People attended courses run by the provider to improve their social interaction skills and understanding about 'being a friend.' When people were interested in having a partner they were supported to consider what this involved and explore their expectations of a romantic relationship. Staff helped people to find places where they could meet potential partners, such as local discos or events for people with a learning disability. Some people had seen changes in their relationships with family members due to them becoming older. Staff had worked with people and their relatives to establish the best way to help the person understand the changes. They also sought other ways for the person to connect with family members by having them share photographs of their activities or being involved in phone calls to loved ones. Where people had lost touch with family and friends the staff supported them in a sensitive way to reconnect and rebuild relationships. This was done slowly and in a way which minimised the risk of anyone becoming upset.

Outstanding ☆

Is the service responsive?

Our findings

People lived active and meaningful lives, they had opportunities to expand their horizons and staff worked hard to minimise the impact of any behaviours on people's opportunities to try new things. Staff told us, "Everything we do is led by the people we support. We want them to have the same choices and opportunities in life that we have." A health and social care professional told us, "I find the service very proactive, I feel they are aware of their service users' needs and support them in a forward thinking approach. My experience with Aspley House has always been productive."

People's support had been developed with them and the people who were important to them. The provider had in place a multi-disciplinary (MDT) team to support all aspects of people's life and to find innovative ways for them to express their wishes and identify goals. They had implemented a care pathway which included systems and processes which were used to support people to reach their potential. Regular MDT meetings were held, including representatives from all teams the registered manager and the providers. People's communication was limited so the MDT reviewed data gathered about people's behaviour and level of participation in activities to monitor the effectiveness of their support plans and make adjustments as required.

People had a chosen a keyworker, who took a lead role in their care. When people could not communicate who they would like to be their keyworker this was decided based on their interactions with staff. Each person also had a mentor; this staff member had additional training in positive behaviour support (PBS) and worked alongside the key worker to monitor the person's activities, interactions and progressions towards their goals.

People had monthly meetings with a person centred planning (PCP) co-ordinator, their keyworker and mentor. People had been supported to use communication tools to identify where they would like these meetings to happen, when and who they wished to invite. Meeting minutes showed these choices had been respected. Meetings were used to review people's current care, what had changed in the past month and to identify any goals people may want to work towards. Records showed how people had indicated their choices to staff. All information gained through the meetings was recorded in the person's care plan and used to develop learning objectives. People's goals ranged from small everyday tasks such as making their own toast to planning a holiday or trip. Each goal was given the same level of importance, a detailed plan was put in place identifying steps towards the goal and each achievement was celebrated.

People were supported to host their own annual reviews with case managers and loved ones. People used presentations and photographs of activities they have taken part in over the past year to show people what they had achieved. Some people chose not to be involved in certain parts of their review when people were discussing things they perceived as negative such as about their behaviour. Their meeting plan clearly explained that they found this distressing and would like to be asked to leave the room before people began talking about these subjects. All members of the meeting were reminded of this as part of the meeting's introductions.

People had care plans in an accessible format using pictures or Makaton signs to represent their support. More detailed plans were available for staff to provide them with all the information they needed to support people to develop new skills and promote independence. Care plans guided staff to more detailed breakdowns of how to support people with certain activities such as, personal care or supporting people when they were anxious or agitated. The breakdown gave staff step by step guidance, highlighted any area of risk and how staff address these. People's care plans included a life history and photographs of people who were important to them. Staff had an excellent knowledge of people's care plans and understanding of their needs. Staff followed people's care plans and understood the importance of consistency of support.

Staff told us, "People can try any activity they like really, we just have to risk assess it and work with them as a team to find the way it is most likely to be successful. If it doesn't work we try again." People had an activity schedule which was displayed using photographs. One person would select their morning activity each day using a choice of three photographs of activities they enjoyed. Staff understood that activities could be overwhelming for people and could lead to people becoming anxious. People's care plans gave staff guidance about when to tell people activities were happening, how to tell them and how to respond if people began to become distressed.

People had been supported to try new activities. For example, one person loved to have curry, but had never been to an Indian restaurant. The person did not like noise, so staff researched the quietest time to visit local restaurants and developed a plan to prepare the person to visit. The visit was very successful and the person had added this activity as an option on their planner. The person also had regular snacks each day, initially these were chosen by the person from a selection which staff had purchased. The person could find going into shops distressing and had previously grabbed large amounts of snacks and eaten them without paying. Staff created links with a local shop, explained what they were trying to achieve and the possible risks. The shop owners agreed to support the plan. Staff supported the person to go to the shop on a daily basis to select their own snacks. The staff at the shop have developed a relationship with the person and would welcome them by name when they visited. The person now visits the shop, selecting their three snacks, pays at the counter and returns home placing the snacks in the snack cupboard to have later in the day.

One person was talking to staff about a local pantomime they were attending a few days after the inspection. They spoke to the registered manager and indicated which staff they would like to go with them to the show. The registered manager checked those staff were on duty and agreed that they could support the person to go. Previously the person had found it difficult when activities they enjoyed came to an end and this could trigger them to become upset or aggressive. The person had a goal to visit Disneyland Paris and it was recognised that this behaviour could be a barrier to reaching that goal. The PBS team, PCP co-ordinators and staff team had worked together to develop strategies to help the person to cope when activities ended. This had been successful and the person now rarely became upset when they had to go home. As a result the person had completed several stays at local hotels, was planning an overnight stay in London and aimed to go to Disneyland next year.

People also took part in activities which helped them to develop independent living skills. The provider had developed a range of courses for people which included cooking and daily living skills. When people were reluctant to take part in household tasks, these were followed by an activity the person enjoyed. For example, one person was reluctant to do their laundry. The laundry room was close to the door leading to the car park, so staff encouraged the person to put their laundry in the washing machine on the way out to the car. This had been successful and the person now completed their laundry on a daily basis. Another course covered social skills looking at area such as sexuality, sexual health, relationships, keeping safe and bereavement. As part of the course, they had worked with people to develop an end of life plan. This was in

an accessible format and supported people to think about how they would like to be supported at the end of their life. It also covered the type of service they would like to have after their death and who they would like to be invited.

The provider had a complaints policy and procedure in place. No complaints had been received by the service since the last inspection. People's monthly PCP meetings included a confidential section between the person and the PCP co-ordinator where they discussed any issues with staff or their keyworker or mentor. If any concerns were raised during this process they were investigated by the PCP manager who then spoke to the registered manager about the outcome. People also attended forums run by the PCP team where people were encouraged to express any concerns about their care.

Outstanding ☆

Is the service well-led?

Our findings

Staff told us, "The philosophy of the provider is clear, we aim to support people to become fully integrated into their community and live as independently as possible. It is irrelevant how far they get or what they achieve, we keep supporting them towards that goal." Another staff member said, "The providers are very positive and driven to make their services the best they can be. I was so happy with this that my loved one now lives at one of our other services. I think that says a lot about the quality of care that Insight offer."

The provider had a clear vision for the service and this was understood and shared by everyone who worked at the service. The additional resources which had been put in place by the provider such as, the person centred planning (PCP) team and the positive behaviour support (PBS) team ensured services were person led. Systems had been developed and were consistently reviewed to ensure they were effective in improving people's support. Staff told us, "We support people to do things which in their past others may have said were impossible. We all believe we can do it if we work together as a team, with people as our priority."

There was a registered manager at the service who was supported by a deputy manager. The registered manager had worked for the provider for a number of years and was fully committed to the provider's philosophy. They were a trainer for the crisis and physical intervention system used by the provider and shared this knowledge to support the provider's other services when required.

People told us they liked the registered manager and the deputy manager. Staff and professionals told us the management team were approachable, accessible and knowledgeable. The PBS co-ordinator, deputy manager and registered manager often worked alongside staff on duty mentoring and role modelling for them. If a change was made to a person's PBS plan then role modelling was increased to ensure staff understood what was expected of them and felt confident in following the plan. Staff told us this support helped them to feel confident in their roles and to meet people's needs.

The PBS team had worked with the providers and registered managers from all the services to develop a tool that made staff performance measurable. This was used on a regular basis to ensure that staff were engaging with people in a meaningful way, following their care plans and offering consistent support. Staff were encouraged to support each other. During the inspection experienced staff were sharing their knowledge and giving tips about supporting people to a newer member of staff. Staff told us they were constantly learning from each other and the people they supported.

The provider had put in place systems to audit and monitor the quality of care people were receiving. These included standard audits such as health and safety audits, medicines audits and audits relating to staff supervisions or team meetings. In addition to this more specialised audits had been developed, the PBS team carried out audits of people's meaningful engagement in activities, how often people went out and their involvement in household tasks. They also reviewed any behavioural incidents and physical interventions. This information was used to increase understanding of people's needs and adapt their support accordingly.

The PCP team completed monthly audits which reviewed the need for additional staff training, people's care pathway, people's quality of life and evidence of people's involvement in planning their own care and support. A new online care planning tool was being implemented and the PCP team working to ensure it would meet the needs of the service and support the systems for continual improvement which were already in place.

Regular meetings were held with the provider, which were attended by the registered managers of their services the PCP and PBS teams. Case studies of incidents were used to share experiences, collect ideas for resolutions and provide support. Good practice and successful improvements were also shared between services.

Feedback was regularly sought from relatives, staff and other professionals. All feedback was summarised and any learning was shared via notice boards. Feedback from people was gained in a range of ways including monitoring of behavioural incidents, monthly meetings and client forums. The PCP team sought innovative ways to engage people in forum meetings. For example, when people did not attend, the PCP co-ordinator spoke to people individually to find out what the barriers to them attending were. One person said they would come if they could make the refreshments for everyone and help the staff. This was arranged and the person now attends every meeting in their role as 'assistant.'

There was a clear focus on learning and using this to improve the service. Staff told us they were encouraged to see every interaction with people as a learning opportunity whether it went successfully or not. One staff member said, "We just don't give up, we try another way or even just on another day when the person is in a different state of mind." There was a 'no blame' culture where staff were encouraged to reflect on their own actions and review how they may have impacted on incidents of challenging behaviour and share their learning with the team. The providers understood the impact supporting people through challenging behaviour incidents could have on staff. They actively sought ways to improve staff support and learn from incidents. There was a clear understanding that each staff member would react to incidents differently and support was offered in a way tailored to the needs of each staff member.

Professionals told us the service was transparent and open. A health care professional said, "I have monthly incident forms sent through to keep me up to date with each individual and the challenges they have experienced. They work proactively with the individual to manage their behaviours and provide the right support."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance. 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 conspicuously displayed their rating in the reception.