Cascade (Cohen House) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Cascade (Cohen House) is a care home that provides personal care and nursing care for up to eight people. The service was registered in December 2017 under our 'Registering the right support' guidance. The building design fitted in to the residential area and there were deliberately no identifying signs to indicate it was a care home. The service primarily focused on providing care and support to young people with learning disabilities. The accommodation was provided over two floors and was purpose built for people using the service. This included the provision of a sensory room, sensory garden, two lounges, a large communal kitchen and diner, a one-to-one kitchen, and a bathroom with hydro-therapy bath to the ground floor. Bedrooms with en-suite facilities were provided on both ground and first floor.

People's experience of using this service:

● The outcomes for people using the service reflected the values and principles of Registering the Right Support. These ensure that people living in the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence.

●There was a strong emphasis on human rights and a positive approach to risk taking which helped to safeguard and enhance the quality of people's lives.

●Medicines and infection control were managed safely.

● There was a tailored and flexible approach to staffing with a clear focus on recruiting and retaining staff with the right values for the service.

●The service provided effective care which delivered very positive outcomes for people.

● Staff worked with each other and other professionals to ensure the support they provided to people was in line with best practice, guidance, and legislation.

●Staff worked collaboratively to put people in full control of their health needs.

●The service was proactive in supporting people to live healthy lives which included support with good nutrition.

● The provider had ensured the environment was adapted to meet the specific needs of people using the service.

●Staff were able to access training and other learning opportunities which supported them to provide effective care.

● The service understood the importance of consent and took steps to ensure people's consent was sought.

● People were supported by caring staff who worked hard to deliver a good quality of life for people in the service.

● Various communication tools were utilised in order to aid people to express their views and be involved in their care.

● There was a strong and clear focus on supporting people to be as independent as possible.

● The support provided was individual to people's needs.

● There was a collaborative approach, working with people, relatives, and other professionals, to plan people's care.

● Complaints and issues were dealt with in an open, positive and reflective manner.
●The service was well led. There was a clear organisational structure and quality assurance frameworks were in place.
● The provider had a clear vision and values which were shared by staff. Staff were highly motivated to provide a good quality of life for people in the service.
● Morale was high and there was a positive and enthusiastic energy.
● The management team engaged in continuous learning and were keen to continue to develop the service through engaging with best practice and guidance.
Rating at last inspection: This was the service's first rating inspection following the registration of the service in December 2017.

Why we inspected: This was a planned inspection based on when the service was first registered.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Cascade (Cohen House)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
One Inspector.

Service and service type:
Cascade (Cohen House) is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was not in post. This means that the provider had sole legal responsibility for how the service was run and for the quality and safety of the care provided. A manager had been appointed and was in the process of submitting their registration application.

Notice of inspection:
We gave the service one days' notice of the inspection site visit because some of the people using it needed support to understand and prepare for our visit.

What we did:
We reviewed information we had received about the service since they were registered. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and other professionals who work with the service. We assessed the 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 used all this information to plan our inspection.

During the inspection we spoke with two people and two relatives to ask about their experience of the care provided. Not all people in the service were able to provide detailed verbal feedback. We also observed the

support staff provided. We spoke with six members of care staff. This included; two support workers, two group managers, the deputy manager and the manager.

We reviewed a range of records. This included three people's care records and two people's medicine records. We also looked at two staff files, records relating to training and supervision of staff, records relating to complaints and records relating to the management of the home.

Following our site visit we spoke with two further relatives and five health and social care professionals. We also reviewed additional documents the manager had sent us.

Good

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely.

● Safety in the service was managed holistically because the service placed people's wellbeing at the heart of what they did.

● Staff managed risks to people in a proactive and collaborative manner. Their approach included a positive and individualised approach to risk taking. A relative told us, "They [staff] liaise with people if they need to." Another relative told us, "Rather than [just] talk about it [apparent risks] they've addressed it."

● For example, we saw one person had experienced a traumatic hospital admission involving the police. Staff had identified this as a potential area of risk and worked with the person to address this fear. This had involved engaging the local police force to work with them and the person to address their fears.

● A staff member told us the service was, "Willing to let people take positive risks, a lot more than other companies I've worked for." Health and social care professionals we spoke with also told us how the service had proactively managed and reduced risks to people living in the service.

●This positive and collaborative approach to risk management was mirrored in the way in which staff supported people with their medicines.

● For one person we saw this approach had reduced the risks of hospital readmission and had significantly decreased their use of strong sedative medicines. Their relative told us where their relative previously lived, "PRN [as required] medicine was constant, and we were very unhappy, it was one of the things Cohen House wanted to address and they have worked hard to eliminate that."

● For another person we saw this approach had effectively supported them to manage their own complex medicine regime which had assisted in them moving on to live independently in the community.

● Medicines were managed and stored safely in each person's room. The manager told us this was to, "To promote privacy and dignity, and to build [people's] trust and independence."

● Medicine stock was regularly checked and medicines audited which helped to manage them safely.

●The manager checked staff's competence to manage medicines through the use quizzes on people's medicines and observing medicine administration.

Systems and processes to safeguard people from the risk of abuse

● There were effective safeguarding systems in place and we saw staff reported concerns appropriately. One staff member said, "If anybody came to me with any issues, physical, verbal, self-harm, all reportable. We make sure the individual is safe first."

● There was a strong emphasis on people's human rights, with a 'My home, my rights board' which displayed appropriate pictorial and easy read information for people. This included who to contact if people or relatives had safeguarding concerns.

● The manager told us, "Sometimes if [people in the service] not able to protect themselves then you have to pull everyone in and work with them."

● A health and social care professional we spoke with provided us with an example of this approach to safeguard one person following an incident in the community. This had involved liaising and working with a number of different agencies to effectively safeguard the person. They provided us with an additional example where staff had worked with the person to support them in safeguarding themselves in their interactions with others.

Staffing and recruitment; Learning lessons when things go wrong.

●The manager continually assessed staffing levels in the service, against people's individual needs, risks, and other areas. They told us, "It's not just about having staff in, it's about the mix of staff and what we have on that day. We communicate constantly about the rotas."

● This responsive and inclusive approach to staffing was highlighted by a health and social care professional we spoke with. They told us how in order to support the person they worked with to live at the service, staff had worked with the person, involving them in the recruitment of staff that met the person's individual requirements and needs.

● The manager had identified that high staff turnover had been an issue in the service. They provided us with an insightful and reflective account of the actions the service had taken, and were still taking, to address this issue.

● These changes brought a focus on ensuring they recruited the right staff, with the right approach and values for the service. The manager told us they looked at, "Who [prospective staff] are in their core values and are they what our people need."

● Relatives, staff, and professionals we spoke with told us how open the service was to reflect and learn from the support they provided and things that happened. One relative told us, "If there's been a hiccup, they adapt to that."

● If an incident occurred in the service, a responsive debrief took place with staff to help reflect and learn from the incident. A staff member told us, "We have a debrief, it helps us learn from them and what we can do better." Another staff member said, "There's things you learn from and we go, ok might not have hit the nail on the head this time, but we learn from it."

● Incidents in the service were analysed to help identify any patterns. The manager provided us with an example of how this had helped them identify how certain areas in the home were potentially risker for one person in the home. This allowed them to ensure staff were mindful when deploying themselves across the home.

Preventing and controlling infection

● The home environment was clean. Systems were in place to assess and monitor the risks of infection and ensure the home environment was adequately maintained.

● The service took a collaborative approach to infection control. They had worked with people living in the home to help them understand infection control.

● For example, we saw a learning session had taken place with people living in the home. This was done in an accessible and easy to understand format so people could understand the basic principles and contribute to the management of infection in the home.

Good

Is the service effective?

Our findings

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

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

- Health and social care professionals we spoke with were very positive about the support offered to people living in the service. One health and social care professional told us, "I just feel they manage people really well, very complex people." Another health and social care professional told us the support provided was, "Thought out, really well thought out."
- Staff undertook careful and detailed assessments of people's needs and choices. These assessments were undertaken in partnership with both external and internal professionals which helped to develop support based upon best practice.
- Staff used a positive behaviour support model to understand and work with people when they experienced periods of challenging behaviour.
- The provider directly employed registered professionals such as mental health nurses and occupational therapists who supported and guided staff to provide care in line with associated guidance and legislation. These professionals acted as dedicated leads in areas such as health and well-being.
- We found during our inspection that the above measures meant outcomes for people were extremely positive and this was echoed in the feedback we received from professionals.
- One person had come to the home requiring support with very complex health and dietary needs. The health and social professional working with the person told us how impressed they were with staff for managing such a complex condition. They said staff had actively got the person involved in thinking about their condition and this had improved their overall health.
- This support had meant for this person they had been able to eventually manage their own health care needs and had lowered the risks of ill health to the person.
- Staff had supported another person to continue to live at the home during a period of mental health crisis. The person's relative and professionals involved in supporting the person told us how effectively staff worked to support this person and lower their anxiety and distress.
- A health and social care professional told us due to staff's input and commitment their experience of supporting the person through this crisis had been, "Really good and positive throughout." This had reduced the likelihood of the person being readmitted to hospital and had meant the amount of medicines the person had to take had reduced.
- A third person's relatives told us in a very short space of time the service had really positively impacted on the person's life. They told us, "Must be something here as [name] is totally different to how they have been in the past." They went on to tell us how staff had supported the person to change some of their behaviours and how this had positively affected the person and how they lived. They said, "We think this is the one, [name's] been in two places before [Cohen House]."

●Staff had worked effectively together and with other agencies to support people to move to Cohen House from a variety of settings. One relative told us how staff still liaised with a professional where their relative previously lived in order to make sure they were delivering effective care. A health and social care professional told us how staff had really effectively planned and worked with one person to support their transition to the home.

● Technology was also utilised to effectively meet people's needs. An interactive whiteboard was in place in the home. This was effectively a large touch screen computer, which allowed people to undertake learning sessions, play games, and contact relatives and friends. One person demonstrated this to us with great enthusiasm.

● The provider had also built a sensory room in the home. This had interactive different coloured lights, a projector on which different visual images could be played, and an inbuilt air conditioning unit to ensure the temperature could be effectively controlled. We saw during our inspection staff supported people to use this room as a calming and safe space.

● There was a strong emphasis on supporting people to lead healthy lives. Wellbeing formed one of the clear values for the provider and service. The provider had employed a dedicated group manager for health and nutrition who worked with people and staff across its homes. They told us, "My aim is to create a healthy environment, they go hand in hand, and if physical health is poor then mental health may be."

●We saw people were also supported to undertake education on healthy living. On the day of our visit we saw one person was working with staff to undertake a quiz on exercise and healthy living.

● A relative told us how the support provided had benefited their relative's health. They said, "[Name] was getting breathless, they appeared unhealthy and through good choices, eating, and continuing to walk [health had improved], very impressed with how they dealt with that."

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

● Staff effectively supported people to maintain a balanced diet and healthy weights. People's weights were monitored and staff took action to address any issues.

● One person had come to live in the home and was overweight. We saw staff had worked with the person to really reduce their weight. The manager told us, "It's about [name] feeling good about themselves, it's about their self-worth." Another staff member said, "[Name] takes a lot of pride in it [losing weight] they can notice the difference."

● Staff planned meals with input from the health and wellbeing lead who ensured meals followed best practice guidance. We saw there were visual guides about healthy eating to help staff and people plan their meals. Pictures of the week's meal options were on display in the home's communal kitchen.

● A health and social care professional told us how staff had supported one person on a very restricted diet to be involved in planning their meals. They told us how even staff had made the options as enticing and appealing as possible which had really helped engage the person.

● They went on to say how amazed they were when they went out for a meal with the person and the person was able to tell the restaurant staff about what they could and couldn't eat, as they hadn't thought this possible. This was as a result of staff working collaboratively with the person to understand their condition.

● Meals were cooked from scratch with fresh ingredients. The provider gave an additional budget so staff could eat with people which meant mealtimes could be a proper social occasion.

● We observed the lunch time meal and saw lots of fresh colourful salads and fruit. Staff encouraged people to try different foods and the atmosphere was pleasant, sociable, and relaxed.

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

● The home had been carefully purpose built to meet people's specific needs. The manager told us, "If you get your environment right, it builds an expectation of the home. We're safe and we're calm." A relative told us, "You can't fault the facilities, the sensory room and layout with two rooms and the board you can pull

across."
● The layout of the home had been carefully considered. The communal area had a moveable split wall which would be pulled out to provide people with privacy and separate spaces if needed. ● A communal kitchen was in place but an additional separate 'one to one kitchen' had also been built. This was so staff could support people individually if the communal space became too overwhelming or distressing for them.
● Cladding had been introduced to some walls in the home to lower the acoustic noise. This was because loud noise can be particularly distressing to people on the autistic spectrum.
● A sensory garden had also been built in the home. The manager told us how one person particularly liked to play with certain aspects of this garden. One person in the home had raised an issue regarding how they navigated some shallow steps up to the garden. We saw the service had put in place rails to assist the person with this.

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 MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff had a good understanding of the MCA and how to support people in accordance with this. For example, the use of positive behaviour support plans helped reduce the risk of inappropriate restraint. The manager told us, "De-escalation; that's the key."
● There was a strong emphasis on consent and involvement of people in the support that was provided. The provider had introduced a consent week across its home, including at Cohen House. This was a schedule of daily events for both staff and people living in the home to help them engage in discussing and understanding consent. It included events such as a 'picnic, games, and a consenting ramble' to help people discuss topics such as peer pressure, bullying, and assumptions about consent.
● Staff worked closely with other professionals where issues with capacity had been identified. This included ensuring appropriate and timely reviews of any restrictions to people were carried out.

Staff support: induction, training, skills and experience
● Staff told us they felt well supported by the management team and provider. They spoke positively about the training provided. One staff member said, "I don't think I've ever worked in a company with so much training. They book us on to any training we want; I think they want everyone to have lots of training."
● Staff were supported to undertake accredited courses in health and social care. There was an online training programme of courses that was specific to people's needs such as autism awareness. Quizzes were also developed by the management team.
● Staff were also supported to attend additional face to face training around behaviour management. Group managers had also designed and implemented face to face training within their key areas. For example, to support staff to use specific learning and development programmes with people.
● Where additional training was needed around people's specific needs this was put in place.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had a real awareness of the inequalities that people in the living in the home might face.
- There was a commitment within the service and from the provider to challenge inequality and a strong focus on people's rights. The manager told us, "It's about how we challenge those perceptions." Whilst a group manager told us, "We're trying to bridge that health and inequality that is going on."
- This approach was echoed in the support the provider put in place to people and staff in the home through dedicated professional leads for health and wellbeing, community, education, and mental health. At the heart of this was a focus on equal opportunities for people with learning disabilities.
- A health and social care professional told us how this approach had had a beneficial impact on engaging and working with a person in the service. They told us staff had made the person feel accepted and not different from other people.
- Staff treated people kindly. All the professionals and relatives we spoke with all mentioned how hard staff worked to ensure people living in the service had a good quality of life.
- One health and social care professional told us, "They've not given up at the first hurdle" when describing the support staff had provided to one person.
- A relative told us, "They appear genuinely, genuinely, interested in improving [name's] life." A second relative said, "Nothing's too much trouble, you've got that feeling that they are really genuine." Whilst a health and social care professional told us, "They have got the service user's best interests at heart."
- The positive comments we received reflected what we observed in staff interactions with people and in how staff talked about people living in the home.
- All the staff we spoke with demonstrated a real joy, commitment, and enthusiasm for working with people in the home to enhance and improve people's life. One staff member told us, "We're happy because they are happy."
- A staff member told us how the person they supported loved a particular celebrity. The staff member had written to the celebrity's fan club and received some signed memorabilia for the person as a surprise. We saw the staff member took great pleasure and joy at the thought of how much the person would love this surprise. They told us, "You just know this will make [name's] whole year."

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

- Health and social care professionals we spoke with told us about strong therapeutic relationships that helped people to express their views and feelings. One health and social care professional told us how staff had offered a sense of containment for the person's anxieties and at times of distress. This had reduced distress the person had experienced in settings where they had previously lived.
- Staff knew people well. A person told us they had been anxious and worried about something. They said,

"[Staff] saw for themselves without me having to say." Staff had gone on to help the person address this concern and we saw this had made a very positive impact on the person's life.

● Some of the people living at the home had difficulty verbally communicating their views. We saw a number of different tools were in place to support people with communication. This included the use of social stories. These were pictorial and outlined in detail the important things for people to follow to help them understand their care and communicate in an appropriate manner in different situations. For example, in sharing communal spaces.

● One relative told us how apprehensive they were about going on holiday and in discussing this with their relative. They told us in the past this had not been a good experience for them or the person. Staff had introduced a social story to help the person's relative discuss this with them and to aid the person in understanding what was going to happen. The social story had clear time lines for the person including when they were going to speak to their relatives whilst they were away.

● The person's relative told us. "We were very apprehensive, they were brilliant about how do we approach it, we worked with them." They went on to say how well the approach had worked which had meant the person was not distressed. They told us how it had made going away again possible in the future.

●A health and social care professional told us how staff had introduced communication tools to help support the person they worked with to make decisions around their health needs and diet. They said staff had taken a lot of time to ensure the person was involved in this.

● From reviewing records and talking to staff, and professionals. It was clear people were strongly involved in decisions about their care. Relatives told us there were regular meetings to discuss people's care which people were supported to attend and contribute to. One health and social care professional said, "They work as a team, with [name] at the centre of it."

● The manager had identified difficulty in accessing independent advocates for people in the service. They recognised the importance of this and had started to undertake some research in to what services might be available.

Respecting and promoting people's privacy, dignity and independence

● There was a strong and clear focus on promoting people's independence. We spoke with a person who told us how before they came to live at Cohen House it had been some years since they had been out in the community and used public transport. They told us within days of being at the service this had changed and they had been on a bus. The person's relative told us having come to live at the home, "[Name] is totally different, just the fact they want to do stuff."

● Several health and social care professionals we spoke with provided us with positive examples of how staff had increased people's independence and the beneficial impact this had had on people's lives.

●One health and social care professional told us how staff had supported a person to move on from the service to independent living in the community. They said, "They prepared [name] really well." They went on to say how positive they were about what they service could offer for others in terms of opportunities for independent living. They said, "They've shown they can move people on. I think they can probably do that for our young people given the opportunity."

● Relatives we spoke with also spoke positively of the work staff did to increase people's independence. One relative told us the home was, "Very much for life skills, develop them as much as they can, not stagnate."

● We saw for another person in the home that equipment was in place to enable the person to eat independently. We observed staff gently and kindly encouraging the person to use the equipment and do as much as they could for themselves during meal times.

●Staff respected people's dignity and privacy. We observed them knocking on doors and providing people with quiet private space when they needed it.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Support provided to people was individual and met their specific needs and preferences. Staff had a good understanding of people's individual needs and how this care should be delivered. One staff member told us the support provided, "All depends on the individual and what their needs are."

● Detailed care plans had been put in place with the involvement of people, their relatives, and professionals involved in their care. These covered a wide range of areas specific to people, their preferences, and were up to date and regularly reviewed.

● Relatives told us they felt they, and the person living in the service, were supported to contribute to the planning of their care. One relative said when their relative first came to live at the home they "Sat for a while talking about [name] and [staff] were taking it all in."

●Another relative said, "We don't always agree but the dialogue is good as [name's relatives] we can add something and that's taken on board."

● The service had recently started to introduce person centred care booklets for people to complete with staff regarding their background, family circumstances, and their aspirations for the future.

●Another relative told us how staff had involved family members in their relative's communication care plan. This helped ensure everyone communicated in a consistent way with the person so that their communication needs were met. They said, "We've all adapted to what [staff] have asked us to do."

● Staff supported people to maintain important relationships. For example we saw staff supported one person to email or skype call their relatives. This person took great joy in showing us how they did this. Relatives we spoke with also felt well supported. One relative told us, "Communication wise they are brilliant."

● The provider had introduced the use of ASDAN in to the home. ASDAN is an education charity and awarding organisation that provide flexible programmes and qualifications that help people develop skills for learning, work and life. A qualified occupational therapist was appointed by the provider to lead in this area. They were in the process of introducing and training staff to use these programmes.

● Staff supported people to identify areas in which they had an interest and could complete a course in the subject. For example, we saw one person had expressed an interest in dancing whilst on the day of our visit we saw another person was alternating between practising Italian with staff and learning about healthy exercise.

● One relative and two health and social care professionals we spoke with raised minor issues regarding how people were supported to engage in meaningful community activities. They felt this was an area in which the service could develop.

●We saw the service had started to explore local community resources that they could use and support people to access.

Improving care quality in response to complaints or concerns

●Relatives felt able to raise concerns and complaints. One relative told us, "They are brilliant if we have any concerns they are really on it. They take criticism really well." They went on to tell us how reassuring they found this.

● We saw the manager was open to learning from any issues raised and complaints were robustly responded to.

● The manager understood that not all people or relatives wanted to make formal complaints but issues could be raised as part of regular conversations. They formally recorded any issues raised in this way on a 'niggle' sheet so they could track these and ensure they were addressed.

● We saw the manager analysed these niggles and any complaints they received so they could identify and learn from any common themes.

End of life care and support

●The service predominantly supported young people and no one living at the service at the time of the inspection required end of life care.

● However, the provider and manager had recognised that this was an important area to be aware of and prepared for. They were aware that end of life care might impact on people living in the service in different ways and had started to explore and develop a plan to introduce this area sensitively to people and staff in the home.

Good

Is the service well-led?

Our findings

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A registered manager was not in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.
- The current manager had been appointed in April 2018, and had previously worked as the deputy manager in the service. They told us they were in the process of completing their registration paperwork.
- The manager was clear they were well supported by the provider in their role. They told us, "We're really lucky with that, [provider] very visible and very supportive."
- There were systems in place to monitor and improve the service being provided. We found there were some very minor improvements needed to ensure these were as robust as possible. For example, to ensure we were notified of events that occurred in the service. However, we felt this did not detract or impact overall on the quality of care being provided.
- Both during and following our inspection the manager engaged with us and was proactive in developing the quality monitoring systems in place.
- There was a clear organisational structure in place, which staff could describe.
- Staff told us they were supported to understand their roles and responsibilities. A staff member told us the service was, "Really, really organised, everyone knows what they are doing."
- The provider had a good understanding of its responsibilities and had taken action to ensure people's confidential information was protected.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- People were at the heart of the service. The provider, manager, and staff all had high expectations about the high quality of life people in the service should experience. A group manager told us, "The managing director wants the best care homes and the best for [people living in the home]." They went on to say, "Everyone puts the care of the residents before anything."
- The provider had developed a clear vision and values for the service which was shared by staff. Staff we spoke with all told us that the service concentrated on three key tenets, wellbeing, education, and community.
- These three tenets were supported by the appointment of group managers for each area. These professionals, such as registered nurses and occupational therapists, worked across the homes. They trained and supported staff whilst also leading and developing care and support in the service to maximise these areas in people's lives. A group manager told us this system and the provider, "Lets us do the job we

love to do."
● Staff spoke positively of the support from the provider and management team. Several staff told us how they appreciated the provider funding meals for them so they could eat with people in the home. They told us this was motivated by a desire to support and ensure staff to look after themselves as well as the promotion of social inclusion.
● Relatives, external professionals, and staff also spoke positively of the manager and deputy manager. Praising their approachability, willingness to listen, openness to change, and drive to provide high quality care. One staff member said, "[Manager] knows what they are doing, is approachable, a lovely manager who you can talk to." A health and social care professional told us, "They are approachable, open to ideas."
● Staff were highly motivated by the provider and management team. In our discussions with them there was a real sense of energy, commitment, and enthusiasm. It was clear staff wanted to get things right for people living in the service and loved their jobs.
● One staff member told us, "I think we go in with a more energetic positive attitude." Whilst another staff member told us, "It's exciting" and a third staff member said, "We just get so excited about it and we love it."
● Staff worked well together as a team. They told us how the provider's vision and values helped focus them as a team and work together. One staff member said, "Nice to know everyone is on the same page. You can see the end result, brings us together and makes us want to make it work." Another staff member told us, "This team is really, really lovely, everyone is really motivated."
● The manager was open and transparent during our inspection. We saw this approach was echoed in how they responded to incidents that occurred and issues raised by others.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The service worked collaboratively with people, relatives, professionals, and staff. Professionals we spoke with commented on how positively staff engaged and worked with them for the benefit of people in the service.
● Staff told us they felt involved and engaged in the running of the service. One staff member said, "[manager] always emails us asking for ideas." They went on to say, "I've had a lot of say in what's in [the care plans] and that's good because we work with them."
● The manager told us how they had changed the way they facilitated people's involvement in the service and in gaining feedback from them. They had recognised residents meetings did not work for the people living in the service, and had developed one to one meetings instead.
● The service had identified appropriate community resources and had started to explore how they could support people to access these.

Continuous learning and improving care.
●The manager had worked to develop and improve systems in the service. For example, they had identified how incident reports could be improved and worked with the provider's information technology manager to develop a computer system that analysed incidents that occurred.
● The manager told us, "We're always trying to think what do we need and can [IT manager] built it for us."
● It was clear from discussions with the management team that they were engaged with research and best practice. They were able to provide recent statistics and information that supported the work they were undertaking in the home.
● The provider had taken measures to access information on best practice and current guidance. For example, through membership with the National Autistic Society and the British institute of learning disabilities. The deputy manager had attended a course on autism and the importance of creating structured environments for people with autism.
● Staff told us how they were emailed with information regarding best practice and informed when current

guidance changed.