United Response

Brimley

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service.
Brimley provides accommodation and personal care for up to six adults who require personal care. The service specialises in providing care for both younger and older adults with a learning disability and/or autism. The home is a large bungalow in a quiet cul-de-sac in a residential area of the seaside town Exmouth in Devon.

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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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People's experience of using this service and what we found
The management team and staff genuinely cared for the people they were supporting. They offered a truly caring approach and were proactive in addressing inequalities and prejudices which impacted on the people they were supporting. For example, they had gone the extra mile to advocate for a person to remain at Brimley when their physical and mental health had deteriorated, arguing the person was still able to enjoy a good quality of life with people and staff who knew them well.

The service was well led. The provider's ethos was promoted by the staff team. This was a commitment to a society where "everyone has equal access to the same rights and opportunities." The management team demonstrated an open and transparent management style and were fully engaged with people and staff at the service. The registered manager had steered the service through a significant period of upheaval, including a change of provider, policies and processes. Improvements were ongoing and informed by best practice. Quality assurance systems were being reviewed to ensure the continued quality and safety of the service and continued to drive improvement. Environmental improvements were in progress to enhance people's quality of life.

We identified an issue with documentation, related to recommended fluid intake for one person. This had no impact on the support provided to the person and feedback from health professionals was overwhelmingly positive. The registered manager acted immediately to address this issue ensuring the persons health needs were reviewed and met, and the documentation was accurate.

Staff promoted people's privacy and dignity, enabling them to make choices and have as much control and independence as possible. They worked hard to facilitate communication, supporting people to identify goals, express their views and take an active role in their community.

Staff knew people exceptionally well and were skilled at responding to their needs as they changed.

Feedback from a visiting health professional stated, "People are supported to live their own lifestyle within the home and accommodations and adjustments are made according to the residents changing needs."
Staff received training and an induction which gave them the skills and knowledge they needed to support people safely and effectively. They worked closely with external health professionals, seeking out more specialist training to allow them to meet people's needs as they became more complex. The management team were proactive in their own continued professional development, using their learning to improve their leadership skills and develop the staff team.
People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was good (published 26 September 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Brimley

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
The inspection was carried out by one inspector.

Service and service type
Brimley 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service. Not all were able to verbalise their views of the service, so we observed their nonverbal communication and interaction with staff. 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 spoke with two relatives and five members of staff including the registered manager, area manager and team leader. We spoke to two visiting therapists, for art and massage.

We reviewed a range of records. This included three people's care records and medication records. We looked at staff recruitment, induction, supervision, and staff training records. We also looked at records related to the management of the service such as quality monitoring and policies and procedures. After the inspection we sought feedback from commissioners, and health and social care professionals who worked with the service; four responded.

Good

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 had stayed the same.

Good: This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management

● A range of risk assessments with clear measures guided staff to ensure people received safe care and support. Identified risks included epilepsy management, behaviour that challenged, choking, pressure area care and nutrition. However, recent guidance from a health professional about one person's fluid intake, had not yet been incorporated into their care plan. In addition, the person's recorded fluid intake suggested the person was drinking significantly less than the recommended amount. We discussed this with the registered manager who was clear the recording was not accurate, and the person was not at risk. Staff were aware of the importance of hydration and during our first day, were encouraging the person to drink. By the second day of the inspection, the registered manager had taken action to ensure staff had a clear understanding of the person's recommended fluid intake, and the importance of accurate recording. Before the end of the inspection the person's physical health had been reviewed by their GP and their care plan updated to reflect this. We received good feedback from health professionals about the ability of staff to meet people's health needs.

●The service was safe because staff knew people really well. This meant they had a detailed understanding of people's individual risks and how to minimise them. For example, a person, who had been at the service for several years, was now living with end stage dementia and could no longer communicate their needs. Staff knew any emotional distress could be minimised by playing music familiar to the person, giving them their books and records to feel or their childhood soft toy.

●Risk assessments supported people to take positive risks, enabling staff to promote people's independence in a safe way. One person was unable to make healthy food choices for themselves and their health was at risk due to their weight. Staff were supporting them to reduce their calorie intake in line with medical advice. They understood food was very important to the person, and the care plan guided them not to reduce their independence, but to guide and encourage. The person still enjoyed their favourite foods but ate low calorie versions, such as low-calorie crisps and chocolate bars.

●There were safe systems in place, if required, to support people to manage their finances, while promoting independence. For example, one person, who enjoyed spending money, had a daily amount in their purse to spend, with receipts obtained and documented for any purchases over a certain amount.

●Plans were in place to ensure people were supported in the event of an emergency.

●There were a range of checks on the environment and equipment to ensure they were safe.

Preventing and controlling infection

●The registered manager had done a lot of work to help prevent and control infection, and there were systems and processes in place to protect people. However, a newly installed bathroom did not yet have a

soap dispenser or soap for hand washing. We discussed this with the registered manager, and a soap dispenser was in place by the second day of the inspection.
●The home looked clean and hygienic and there were no unpleasant odours. Staff were provided with personal protective equipment for use to prevent the spread of infections.

Systems and processes to safeguard people from the risk of abuse
●People were relaxed and comfortable with care staff and their interactions were positive. Relatives confirmed people were safe at the service.
● There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
● Safeguarding concerns were managed appropriately. The service worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

Staffing and recruitment
●There were enough staff on duty to meet people's needs. Relatives confirmed there were always plenty of staff. Staff spent time chatting with people and responded promptly to any requests for guidance and support. Where people's health had deteriorated, the registered manager had acquired additional funding from the local authority to ensure staffing levels remained adequate for their care needs.
●The registered manager was in the process of recruiting and building a consistent staff team to maintain familiarity and standards of care. Regular agency staff were used if required to support this.
●The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. This included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.
● Recruitment processes were rigorous, and values based, to ensure caring staff with the right approach were employed.

Using medicines safely
● There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. Medicines were stored in a securely locked safe in people's bedrooms. There was a robust system of audit and review in place.
● The service ensured staff were trained and competent before allowing them to administer medication, and their competency was reassessed regularly. The management team had been proactive in ensuring the recent transition to a new medicines administration system was well understood by staff and managed safely.
● There was a person-centred approach to medicines administration. Medicine administration records (MAR) advised when medication should be given and how people liked it to be administered. We observed staff following this guidance. For example, one MAR stated, "I'm able to take tablets with water but usually prefer a glass of squash, I am able to independently take my tablets from a pot one or two at a time."
● People had hospital passports with clear information about their medicines and support needs, which staff ensured went with them on hospital admissions.

Learning lessons when things go wrong
● There was a clear policy and processes in place for managing accidents and incidents.
●There were processes for documenting and reviewing accidents and incidents. This enabled the

management team to analyse the incident and take any action necessary to minimise the risk of recurrence. For example, charts had been completed when there had been incidents between two people at the service. They provided detailed information about what had led up to the incident, the incident itself and the consequences of it. Effective strategies had been identified and put in place and the number of incidents had decreased as a consequence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People's needs were assessed, planned and regularly reviewed. The service had worked closely with health and social care professionals to ensure the support provided adapted and responded effectively when people's needs changed.

●Staff, including the management team, knew people very well. Communication was relaxed and in line with people's individual communication needs and cognitive ability. Staff joked with people and showed their affection towards them. They spoke confidently about how they supported people and understood how they contributed to their health and wellbeing.

Staff support: induction, training, skills and experience

●Staff were competent, knowledgeable and skilled, and carried out their roles effectively. S A relative told us, "Staff seem to be aware of what's expected of them. They understand how to meet [family members] needs. They anticipate what [family member] is going to require and ensure this is in place in good time."

●Staff had completed a comprehensive induction to prepare them for their role, during which they were mentored by a member of the management team. A member of staff, new to working in the care sector, told us, "It was a really good induction. I spent time with the guys and did shadow shifts to build up slowly. There was an open-door policy and I could ask for any help or support I needed."

●Training was delivered on line and face to face. This included the provider's mandatory training, and specific training required to support the people living at Brimley. For example, the Mental Capacity Act (2005), dementia, health and safety, epilepsy, moving and handling, and supporting people with swallowing difficulties. Staff said they could request additional training if they needed it. There were systems in place to monitor training provision and ensure staff knowledge and skills remained current.

●Staff had ongoing support through supervision and appraisals and ad hoc support from the management team when they needed it.

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

●People's nutritional needs were met. Food and fluid intake, and people's weights were monitored to ensure this was maintained. Care plans held information about their dietary needs, including likes and dislikes. We observed staff supporting people at lunchtime. They were attentive, offering reassurance and prompting people with their food and fluid intake as required.

●The registered manager had considered how to support people with cognitive difficulties to learn about nutrition and healthy eating. They had developed and introduced a visual system which made it easier for

people to recognise and make healthy food choices. In addition, they had devised a fluid encouragement chart for a person to complete each time they had a drink. These initiatives increased people's understanding of the importance of good nutrition and hydration and promoted their independence by enabling them to make their own healthy choices.

●Staff recognised when people's physical health needs changed and impacted on their swallowing. They worked closely with external health professionals including the SALT team, (speech and language therapy) to minimise risks. The SALT team told us, "I have found that Brimley are a good service and they are proactive in seeking advice or further input when needed. Recommendations are generally implemented and if there are problems with implementing recommendations the rationale for this is discussed with me."

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

●Records showed staff worked with a range of community professionals to maintain and promote people's health. People were supported to attend routine medical, dental, eye checks and other important appointments where required. This was confirmed in health professional's feedback, for example, "It is a home which I feel works very well in collaborating with the wider support service to provide a high quality of care to its residents."

●Staff worked closely with other agencies to provide effective support to people. For example, staff had initiated a holistic response to one person's deteriorating physical health, involving the person, their family, GP and dietician. As a consequence, the person had successfully lost a considerable amount of weight. Their health issues were now well controlled, and their medication reduced. Their quality of life had improved considerably, and they were now able to complete daily living tasks and enjoy activities in the community and with their family.

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 received training in MCA and were supported to develop a clear understanding of how it related to the people they were supporting.

●Throughout the inspection we heard staff asking people for their consent before supporting them. Care plans prompted staff to offer choices in line with the person's individual level of understanding and method of communication. For example, "Once awake I usually need time to wake up properly, I usually enjoy a coffee then. I will give a thumb up to let you know that this is ok."

●People without capacity to make particular complex decisions had been supported by a formal best interest process. This ensured their representatives and health professionals had been fully consulted and the decisions made were in the person's best interest.

●The service had referred people for an assessment under DoLS as required. They had requested an urgent response when one person was at increased risk due to a decline in cognition.

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

● There were clear visual cues throughout the home, for example photographs of people and staff, and information about who was going to be visiting the home that day. There was easy read signage to enable people to find their way around the home independently. One person's bedroom flooring had been changed to mirror the floor covering in the hall, helping them negotiate the threshold between the rooms. In consultation with an occupational therapist, a new bathroom had been built to meet the increasing needs of people living with dementia. They planned to install a handrail and toilet seat in contrasting colours to the walls to make them easier to identify.

●Staff used environmental cues to orientate people and promote their independence. Upbeat music was played in the morning and calm music in the evening, or if a person was anxious or scared. Citrus and lavender aromatherapy oils promoted wakefulness or relaxation.

●The service had been successful in fund raising to improve the living environment. People were excitedly anticipating new furniture in the dining room and conservatory, and there were plans to make the garden more accessible for people.

Outstanding ☆

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 good. At this inspection this key question has now improved to outstanding.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care
●Staff tailored a highly individualised approach to ensure people had meaningful input into decisions about their care. They used a range of communication tools according to people's individual needs, such as pictures, body language, signs, objects of reference and digital technology.
●One person had limited verbal communication. They depended on Makaton and on people who knew them well to interpret. The management team were using video to teach staff the signs the person used. They had also developed a personalised communication board which included words and pictures of familiar people and things. As a consequence, the person's communication had increased considerably. They were interacting more with others and making choices such as what clothes or deodorant to wear. A health professional told us, "Their communication has come on in leaps and bounds. They've got them talking and they can now verbalise a few words. People are moving forward and achieving their potential."
●Staff ensured people got the support they needed, for example when managing conflict between people at the service. They had sought guidance from appropriate healthcare professionals to help them understand why tension developed between two people, and how they could diffuse this safely. These measures were clearly described in care records and followed by staff. For example, 'risk' times had been identified, during which staff engaged people in activities as much as possible, such as laying the table. As a consequence, there had been no incidents for some time.
●People were enabled to maintain relationships with those most important to them, protecting them from the risk of social isolation, and ensuring they could access their support when they needed it. A relative told us, "It's a lovely place. Everybody seems to be happy. I've always liked coming up here. You can visit at any time and help yourself to a cup of tea." People were allocated a carefully chosen key worker, who offered support and advocated on their behalf if required. The PIR stated, "We observe how relationships develop and try to identify similarities and empathy before selecting key-workers so that this relationship is mutually beneficial."

Ensuring people are well treated and supported; respecting equality and diversity
●There was an exceptionally strong and visible person-centred culture. The provider was committed to a society where "everyone has equal access to the same rights and opportunities." They had produced a video about this with art work and the voices of people they supported.
● Every staff member we spoke with showed a passion for providing outstanding outcomes for the people they supported. They were proud of the difference they made to people's lives. Feedback from staff, relatives

and visiting professionals emphasised that this was an extremely caring service. A relative commented, "Brimley are X's family. I can't stress how amazing they have been with X. They've had to go above and beyond what may be expected in that sort of provision so that everything is done in X's best interests, safely with the right amount of attention. For X change is really upsetting, and they've provided a consistent stable environment. The care is exceptional."

● Staff were highly proactive in addressing inequalities and prejudices which impacted on the people they were supporting. For example, one person experienced a rapid deterioration in physical and mental health. Health professionals assessed the person could no longer enjoy a good quality of life and required care in a nursing setting. Staff, along with the person's family, challenged this view, believing the person still enjoyed a good quality of life at Brimley. They had lived there for many years and had close relationships with their housemates. Staff knew them extremely well and had detailed knowledge of their needs and preferences. A best interest decision was made, which confirmed that staying at Brimley was in the person's best interests. The person's relative said, "We had a best interest meeting about where X was going to go. If they had had to leave Brimley at that point it would have been the end of them." The staff team consulted community healthcare professionals such as an occupational therapist, speech and language therapist and the hospice, to access the equipment required and ensure staff had the necessary training. They also secured additional funding for one to one support. The registered manager said, "X has a brilliant quality of life. They are in a familiar environment, with people they have lived with for years. They enjoyed celebrating their birthday with cake and candles and balloons. We sang happy birthday and they sat there laughing. They are still engaging."

● Staff were particularly sensitive to times when people needed caring and compassionate support. For example, they supported a person to attend an appointment to have their ears syringed. At the appointment a health professional suggested that the person also have a second more invasive procedure which they were not expecting. Staff felt the person was not prepared for this and challenged this decision. They later supported the person to prepare, using accessible information to help them understand the reason for the additional procedure and what was going to happen. They were then able to process the information and make their own choice about whether to go ahead with it. This approach meant the person was able to maintain their health, and engage more confidently with health care appointments now and in the future.

● One person, living with dementia, had begun to strongly identify with the era of their youth. Staff knew the person could become distressed by change and try to leave the service at these times. They were therefore decorating their room very gradually to reflect the 1970's. This would help the person engage and identify with their living environment and was being done at a pace they could cope with. The person was now much more settled, and comfortable in their environment. The risk of them trying to leave had reduced significantly.

●People proudly showed us a 'communication tree' on the wall, which celebrated their achievements. Staff had supported them to identify personal goals, for example applying their own deodorant, choosing their own socks or wiping their table. A photograph of the person achieving their goal was then placed on the tree. This represented the progress they were making towards independence, and they enjoyed sharing their achievement with visitors, friends and family.

Respecting and promoting people's privacy, dignity and independence

●Staff told us, and we observed, that they treated people with dignity and respect. For example, it was very important to one person that their bed was made in a certain way. Staff had taken a photograph of the bed made as the person wanted it. Staff were able to copy this, respecting the person's wishes and minimising any distress.

●Staff promoted people's independence at every opportunity. People were able to take charge of their environment through developing their living skills and doing everyday tasks, and this was promoted in their care plans. For example, "I should always be encouraged to be as independent as I can be in all domestic

tasks and routines and to make a contribution to keeping the home clean and tidy." One person, receiving end of life care, was still encouraged to take an active role in their daily life by wiping their bedside table. A healthcare professional told us, "People are supported to live their own lifestyle within the home and accommodations and adjustments are made according to the residents changing needs."

Good

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 remained the same.

Good: This meant people's needs were met through good organisation and delivery.

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

●People received personalised care planned to meet their needs, preferences, interests and give them choice and control. People's needs were changing, for example due to dementia, and the service was very responsive to this. A community health professional told us, "Staff are supportive of any clinical changes that are necessary, eg, modified diet & fluids, medication regime changes and increasing nursing care needs, and respond to any variation in X's needs."

●Care plans, known as 'working policies', were detailed and clearly reflected people's identified needs, routines, preferences and personal history. They also contained essential information about people's communication and how they expressed when they were in pain. The care plans had been developed over time with input from the person, their friends and family and were reviewed regularly.

●Guidance enabled staff to meet people's needs while promoting choice and control. For example, "It is important that I know what is happening once [morning] routine is completed otherwise I can feel somewhat "lost". The activities of the day, whatever they may be, may need to be repeated or reiterated until I am clear about what is happening."

●Relatives told us they were kept informed about the wellbeing of their family member and people had been consulted about their support and service provision. They had not been involved in formal care plan reviews however. The registered manager planned to explore how this could be facilitated, in response to feedback given during the inspection.

●People were supported to engage in a wide range of activities according to their interests and abilities. Three people were completing an accredited art course and had displayed their work at an exhibition celebrating art produced by people living in care homes. People regularly attended clubs and activities in the community, including theatre trips and a self-advocacy 'speak up group', where people met to discuss issues that were important to them. The registered manager had liaised with church volunteers to ensure one person had the support they needed to attend church activities.

●Sensory activities had been introduced for people living with dementia such as aromatherapy and music, helping to orientate them to time of day. One person had an extensive record collection. They could no longer play their records independently, but enjoyed handling them, feeling their texture and their weight.

●We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Supporting people with communication was a fundamental aspect of the support provided at Brimley. For example, information in communal areas was displayed in easy read documents supported by pictorial images, including information about events and staffing and the last CQC inspection report.

Hospital passports were in an accessible format to support people to communicate their health needs at medical appointments.

Improving care quality in response to complaints or concerns

●There was a clear complaints policy and people and their representatives were encouraged to raise any complaints and concerns. There had been no formal complaints in the previous 12 months. An easy read copy of the complaints policy was displayed in the communal area, stating, "If you've got a problem, it doesn't matter what it is. Talk to people." Further copies were displayed in people's bedrooms with photographs of their key worker and family, so they would know who to approach if they had a concern.

End of life care and support

●The service was committed to ensuring people received the support they needed at the end of their lives to have a comfortable and dignified death in the best place for them. They were working with people and their families to determine their preferences and choices for end of life care and ensure they could be respected. This information was documented in an 'end of life' care plan. A health professional told us, "I visit a gentleman living there who is now coming to the end of life and have always found the staff very caring and helpful. They obviously know their client very well and support him to meet his needs and likes with great dignity and thoughtfulness."

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant 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.

●There was a comprehensive programme of audits which looked at all aspects of the support provided. The findings of the audits were analysed and used to inform a comprehensive service improvement plan. The quality assurance processes had not been fully effective in identifying a gap in care planning and recording identified during the inspection, although this had no impact on the safety of the support provided. The registered manager advised the quality assurance processes were under review to ensure they were fully effective.

●There were clear processes in place to ensure effective monitoring and accountability. The management team were highly visible working alongside staff. This provided an opportunity for them to observe practice and give feedback about what staff were doing well and areas for improvement. Staff also received regular supervisions and told us they were well supported on a day to day basis.

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

●The service was led by a motivated registered manager and management team. They had a strong vision and value base and ensured this was shared across the staff team. Staff told us, "I think [manager's name] vision for this place is extraordinary...the person centredness. The guys aspirations are at the forefront of everything." This view was shared by a visiting health professional who said, "Since [manager's name] has been here it's been superb. She is an amazing manager. She has the guys interests and concerns at the forefront and sees them from a holistic point of view."

●With the support of the area manager, the registered manager had steered the service through a significant period of upheaval, including a change of provider, policies and processes. They were committed to minimising the impact of this on people and their families, whilst continuing to provide high quality, person centred care. The area manager told us, "There has been a change of culture within the staff team and how the staff team are led. She has taken the staff team with her and managed them through significant changes. They have done an incredible amount of work to turn it around."

●The management team promoted a culture of openness and transparency. There was an open-door policy and during the inspection people frequently approached them for a chat or to ask for support. Staff were encouraged to ask for guidance or report any concerns, telling us, ". I know I can come to [managers name] with anything personal or professional."

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

●People were involved in decisions about their care and their views about the service were sought. Staff were proactive in supporting them to do this, facilitating effective communication in line with the persons individual needs. For example, using communication tools such as pictures, signs, objects of reference and digital technology. The PIR stated, "Our ethos is based on the person being the centre of the decision-making process and that we are guests in their home."

●Staff felt able to make suggestions and felt listened to. Staff meetings were held every eight weeks, with cover provided, so all staff could attend. They were consulted about developments at the service and able to share successful strategies which had helped people achieve their goals. A member of staff told us, "[Managers name] asks your opinion on everything. If there is a major change, she will bring it to staff team."

Continuous learning and improving care and working in partnership with others.

●The provider worked in partnership with the local authority and health professionals to provide a service which was responsive to people's needs. Feedback from one health professional stated, "My advice and recommendations have been listened to and implemented, and where these recommendations have not worked we have been able to work together to solve problems. The home manager is good at thinking ahead and anticipating how a person's needs may change and uses my knowledge of dementia and learning disabilities to introduce creative solutions to some complex needs."

●The provider ensured managers at United Response services were kept informed about developments in legislation or practice through regular managers' meetings and monthly briefings. This information was then shared with the staff team. The registered manager was proactive in improving knowledge and learning about best practice and sharing this with staff. For example, looking at the interplay between complex multiple health needs, dysphagia capacity and choice and using the information gathered to develop a menu plan with people at the service. They had links with a range of forums, including The National Institute for Health and Care Excellence (NICE) Social Care Institute for Excellence and the local care managers network. They were proactive in fostering community links and fundraising to improve the environment for the people living at Brimley.