

National Star Foundation

Elizabeth House - Gloucester

Inspection report

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Date of inspection visit:

23 April 2018

24 April 2018

Date of publication:

13 July 2018

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection was completed on 23 and 24 April 2018 and was unannounced.

Elizabeth House is a part of the National Star Foundation Charity and is registered to provide accommodation for up to 25 men and women with a physical disability and/ or learning disability or autistic spectrum disorder. Although a part of the National Star Foundation, Elizabeth is a residential home based at a separate site to the main National Star College Campus. The young people living at Elizabeth House attended the main National Star College campus for their education.

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 25 people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous comprehensive inspection was completed in May 2015 and the service was rated 'Good' overall. At this inspection, the service was rated 'Outstanding'.

Elizabeth House is an outstanding service. It is focussed on the individual needs of the young people. The service ensured that everyone received high quality care regardless of diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances.

The vision of Elizabeth House and the National Star Foundation was to promote "A world in which people with disabilities are able to realise their potential as equal and active citizens in control of their lives". All staff and senior management demonstrated this clear vision and a highly positive person centred culture was evident. Staff involved in Elizabeth House had set high standards for themselves and this promoted an exceptionally positive culture for those living there. The provider played a lead role nationally in challenging perceptions of disability which further supported this work. This had improved the confidence of people and the opportunities available to them .

People were supported to focus on making a positive contribution to the service, the college and the wider

community in order to achieve their full potential. Young people had been supported to actively campaign to improve rights and entitlements for people with disabilities. We found young people and staff were motivated and passionate about equality and empowering people to live the lives they wanted.

People and relatives we spoke with told us staff were outstandingly caring. They used words such as "Compassionate", "Caring" and "Excellent" to describe the staff. People and their families spoke of a service that was tailor-made for them and their families said staff went 'over and above' what was expected of them. Care staff spoke highly about the service provided. One said, "I've been here for 10 years. I love working here". Another person said, "I really enjoy working here. These people are like family to me". People told us they would recommend the service to others. There was a genuine sense of fondness and respect between the staff and young people.

People, their families and carers spoke overwhelmingly of the positive support, guidance and healthcare interventions given to them. People were 'very happy' with the service they received and we received many positive comments about their views and experiences. People and their families viewed the staff as exceptionally skilled and knowledgeable when supporting them with complex health needs.

Outstanding systems and processes had been implemented to safeguard people from abuse and harm. These ensured the safety and well-being of the people using the service. People's risks were continually assessed, identified and managed exceptionally well and their care needs were met to a very high standard. The provider encouraged and empowered students and staff to have the confidence to suggest innovative and creative solutions to manage risk. This supported people to live their lives as they chose. Staff promoted a culture of 'anything was possible', within a framework of assessing risk, without being risk averse.

Where possible, people were involved in the planning of their care. Where support was needed to do this people's representatives were encouraged to be involved. People's care plans were detailed and personalised which helped staff deliver the support people wanted and needed. Care was particularly personalised and therefore tailored to individual needs and wishes. For a large number of people, this had resulted in improvements to their health, wellbeing and abilities which in turn had meant people had become more independent. People had very good access to health care professionals when required and their medicines were managed well.

People were cared for by staff who knew them really well and who had been exceptionally well trained to support them. Staff were very well supported and valued by the provider who invested well in their training and welfare. The service had developed very thorough staff training programmes. These were bespoke to the needs of the people living at the service and ensured staff were highly skilled in meeting very specific needs. The training systems developed had received local and national recognition and were used to train staff in other agencies as well as other professionals. There was a strong sense of "family" and team work. Staff were proud of the work they did and were fully committed to ensuring people were at the centre of everything that took place at Elizabeth House.

Staff were constantly looking for ideas on how to improve people's quality of life. Assistive technologies were used creatively and innovative technologies were developed with young people to enhance their communication and independence. This enabled people's aspirations to be explored with them and plans made to achieve these. Staff worked hard to make sure, that where possible, people had opportunities to lead as full a life as possible. They made sure daily activities were tailored to meet people's individual needs, preferences and abilities. Staff made sure people had opportunities to enjoy themselves. People's suggestions and ideas were sought and valued when it came to planning these activities.

The registered manager and extended leadership team offered exceptional leadership and had a clear vision about the direction of the service. They were highly committed to improving people's lives and ensuring people had the best care they could receive. Managers expected the same high standards from the staff who were fully committed to these shared values. The management team were very much part of the overall care team at Elizabeth House. They were very involved in people's care and were visible and approachable. Staff at the service clearly understood their roles and worked hard to promote a homely atmosphere. The provider was involved in various national schemes to promote better care for people. This had led to the development of innovative practice for example in relation to the sourcing of work placements and development of innovative technologies for young people.

There was a robust quality assurance system in place to ensure people received the best possible service. The registered manager worked closely with partner agencies and services to promote best practice within the service and make a positive impact to people's lives. The service was constantly striving to make improvements in order to ensure they were providing the best possible care and support to the people living at Elizabeth House. The registered manager had developed a strong leadership team which were innovative and proactive. They had plans in place to ensure the high standards implemented were sustained in their absence.

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 remained outstandingly safe.

Staff had an enabling attitude and had through positive and creative risk taking encouraged young people to live the life they wanted.

People were given many opportunities to understand and learn how to deal with discrimination and to recognise and report suspected abuse. Creative strategies were employed to keep people's human rights at the forefront of everyone's daily practice.

Robust recruitment procedures ensured there were sufficient staff with the right skill mix, aptitude and insight to help people identify and manage risks effectively.

Medicines were effectively administered and managed at times when people wanted them. People were supported to look after their own medicines as safely as possible.

Outstanding 

Is the service effective?

The service was exceptionally effective

The service contributed to the development of best practice in the sector. It offered accredited training opportunities to ensure staff knew how to support people with disabilities.

The service made exceptional use of and developed innovative assistive technology, to enable students to express their views, control their living environment and to maximise their independence.

There was a focus on young people's ability to consent to their care and support. Where required, staff were confident in their knowledge to take account of and act on the legal requirements concerning people who lacked capacity to consent.

People experienced a high standard of care and support which promoted their health and wellbeing. Staff had worked closely with health professionals to ensure people received a highly

Outstanding 

personalised service.

People's living environments were designed and tailored to their personal needs. This ensured people could live as independently and as safely as possible.

Is the service caring?

The service was extremely caring.

Creative methods of communication enabled people, no matter how complex their needs, to be involved in their care and support.

People felt empowered and supported enough to test and try new opportunities and to explore areas of independence they had previously not considered.

The service had an outstanding approach to supporting equality, diversity and inclusion. They had developed an innovative 'Sexual Orienteering' programme. The provider employed a multi-faith worker who had developed a range of excellent cultural and faith resources which had been positively received by young people.

The registered manager and staff were committed to providing the best possible care. There were excellent relationships between staff and young people with staff putting people at the centre of their care.

Outstanding 

Is the service responsive?

The service was responsive to people's needs.

Each person had their own care plan which clearly reflected their preferences. The care delivered to people was very person centred and clearly met individual needs and preferences.

Staff made sure daily activities were tailored to meet people's preferences and abilities. Staff made sure people had opportunities to enjoy themselves.

The service listened to the views of people using the service and of others and made changes as a result.

End of life care plans were developed where required.

Good 

Is the service well-led?

Outstanding 

The service was outstandingly well-led .

The service benefitted from exceptional leadership. The provider had developed and sustained a positive culture encouraging staff and people to raise issues of concern and to be actively involved in improving the service.

Staff set high standards and expectations of both themselves and young people and this promoted an exceptionally positive culture. This enabled perceptions of disabilities to be challenged, which had improved young people's confidence and opportunities.

The provider had a clear strategy for developing and improving the college over time. The service worked in partnership with other organisations to make sure they were following current best practice and providing a high-quality service. They strived for excellence through consultation and reflective practice. The provider was involved in various national schemes to promote better care for young people.

Elizabeth House - Gloucester

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.

This inspection took place on 23 and 24 April 2018 and was unannounced. The inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service, which included that shared with us by other agencies. We reviewed all notifications sent to us. A notification is information about important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR is a form that asks the registered provider to give some key information about the service; what the service does well and the improvements they plan to make.

The inspection included looking at records, speaking with people who use the service, talking with staff and phone calls and emails to relatives and health professionals.

We spoke with the registered manager of the service, the deputy manager and nine members of care staff. We spoke with seven people using the service and looked at the records of seven people and those relating to the running of the service. This included staffing rotas, policies and procedures, recorded quality checks, supervision and training information for staff. We spoke with five relatives of people living at the service. We spoke with five health and social care professionals who have regular contact with the service.

Is the service safe?

Our findings

At our last inspection we found the service was outstandingly safe. This had been developed further by the service. We found staff had an enabling attitude and had through positive and creative risk taking encouraged young people to live the life they wanted. People were given many opportunities to understand and learn how to deal with discrimination and to recognise and report suspected abuse. Creative strategies were employed to keep people's human rights at the forefront of everyone's daily practice.

All the young people we spoke with told us they felt safe. One person said "I love it here, of course I feel safe. There's always someone about. They give me my medication on time and properly." Another told us "I am safe, there are lots of people here and they're all easy to talk to." The relatives we spoke with all told us that their loved one was safe at the college. One relative said "The care is brilliant, it's fantastic. She's very safe."

The provider encouraged and empowered young people and staff to have the confidence to suggest innovative and creative solutions to manage risk. This enabled people to keep themselves safe and live their lives as they chose. Staff promoted a culture where anything was possible, within a framework of assessing risk, without being risk averse.

Staff had a 'can do' approach and worked creatively to overcome obstacles and hazards to enable young people to pursue their dreams and aspirations. In 2016, one person wanted to go skiing in Andorra. In order to achieve this and mitigate risks, the person was supported to fundraise and staff had identified a resort in Andorra which provided British Adapted Ski Instructors, meaning they met the health and safety level expected in the UK. They also spoke English and were able to use basic Makaton therefore reducing communication difficulties. The registered manager told us following the success of the first trip, subsequent trips took place in 2016 and 2017 and one was planned for 2018. The person's mobility needs put them particularly at risk when travelling and accessing a new environment. With the support of the multi-disciplinary team, the young person was able to safely ski using their arm to choose direction, maintain balance on a central ski and go down the slopes as quickly as they liked. The young person described the trip as a 'fantastic and rewarding experience'.

The provider was particularly aware of the risk of young people becoming isolated if they could not use public transport safely to access work placements, social activities or friends. The service worked in partnership with the main National Star College campus to offer young people 'LiftTraining' which was the provider's travel training programme. This training enabled young people with complex disabilities, acquired brain injuries and learning difficulties to use public transport independently. This project was run in partnership with the Gloucestershire Police and Crime Commissioner Office and BBC Children in Need. People told us how this had improved their social opportunities and had given them greater independence.

Risk assessments were present in young people's care files. These were comprehensive, clearly identifying hazards and how these would be minimised to enable young people to go about their daily lives as safely as possible. Assessments of risk, included risks associated with supporting young people with personal care, moving and handling and those associated with specific medical conditions. Staff told us they had received

training around risk assessments and felt confident to assess risk. Staff told us risk was continually assessed and plans to reduce these were updated regularly. For example, where people were at risk of developing pressure ulcers, their risk assessments contained clear guidelines for the staff on how to support people and minimise this risk. It was evident from reading the risk assessments that they had been reviewed and amended as people's needs had changed.

Young people were protected by exceptional systems to recognise and report suspected abuse and to develop the skills they require to remain safe. Safeguarding procedures were based on national guidance such as the governments' guidance "No Secrets" and "Safeguarding children and young people". Prompts around the college and individual residences kept the importance of safeguarding the young people upper most in everyone's minds.

A safeguarding guide had been produced as a prompt for staff. Staff had completed training in the protection of children and adults and had an excellent understanding of their roles and responsibilities. They described the types of abuse they might come across and how they would raise concerns with senior staff and the safeguarding lead. Staff described what they would do to 'comfort', 'protect' and 'keep' the students safe. The safeguarding lead told us they were confident that staff would raise any issues regardless of how insignificant they may seem. Staff told us they were confident to raise concerns under the provider's whistleblowing procedure. They told us they knew managers would respond appropriately.

Young people were supported to learn how to deal with discrimination and to develop the skills and confidence to respond to bullying. This included training and strategies to be able to understand and prevent radicalisation in accordance with the Home Office's Prevent strategy. E-safety advice had been introduced onto all computers as a screen saver, promoting positive approaches for young people to keep themselves safe on line. They knew how to differentiate between the type and level of concern and how to report concerns about harassment or suspected abuse. Where people had been subject to any form of bullying, they had access to comprehensive college counselling and advocacy services to help them explore and understand their experiences. Previous students had been employed to help deliver these services enabling them to view people's issues from a student perspective. All of the young people we spoke with told us concerns were always taken seriously and prompt action was taken by management to address any issues.

Where required, the young people living at Elizabeth House were also supported to safely manage their personal finances. Young people had been given information and had completed safeguarding training to help them stay safe in the home, on the main college campus, whilst using the internet and when out in the local community. Their individual awareness of safeguarding procedures was reinforced through individual meetings with their personalised learning mentors, at house meetings and at student forums. They told us they had received excellent support through this training and from staff on how to keep safe. Safeguarding information was displayed around the service in accessible formats using plain English, large print, pictures and symbols.

Young people could raise concerns directly with staff at Elizabeth House or by contacting the provider's safeguarding team face to face, by email or telephone. Support was available 24 hours a day.

The provider had an excellent working relationship with their local police service to enhance the support provided to young people. For example; they had delivered autism awareness training to the police to develop their skills when working with people with autism. A group of autistic young people had also been invited to visit the new police interview rooms in Gloucestershire. They gave advice and feedback on any adjustments that might be needed to ensure suitability for young people with autism and/or sensory

processing difficulties.

Young people were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to support their needs. Staff worked in a way which ensured the various shifts required throughout the day and night were covered. We discussed staffing levels with the registered manager who told us the staffing support required for each young person was determined during the assessment process when they first moved to the college. Throughout the inspection, we observed a very strong staffing presence and most people received one to one support. The registered manager also told us there was an on call system to respond to emergencies and cover emergency staffing shortages. Young people and their relatives confirmed there were sufficient staff to provide them with support. One person commented "There are more than enough staff here; there are more staff than students."

The registered manager understood their responsibility to ensure suitable staff were employed through a robust recruitment and selection process. Comprehensive records were in place to evidence the character and competency of new staff. Gaps in employment history were investigated and previous employers were asked to confirm the reason applicants left their employment. Disclosure and barring service (DBS) checks were completed. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Staff were not allowed to work until all relevant checks were completed.

The registered manager told us, to ensure they were recruiting suitable staff to work at the service, young people were asked to participate in the recruitment process by providing feedback on an applicant after they completed an activity with them. This had included working with the young people to make sure their choice of questions for the applicant were prepared and programmed into their communication devices in advance. Additional support was available during interviews to ensure the young people could make a meaningful contribution. This gave an opportunity for recruiting managers to observe how applicants interacted with young people and provided insight into whether they would be suitable for the people living at the service. Young people who had been involved in the recruitment of new staff told us they found this to be a reassuring process as it gave them the confidence that suitable staff were being recruited. Young people also told us they found the process of being involved to be empowering as it made them feel their opinion was valued by management. Staff confirmed disciplinary procedures were in place to identify and challenge unsafe practice.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who administered medicines had their competency checked annually to ensure they were aware of their responsibilities and understood their role. The service used an electronic system to ensure young people's medicines were recorded more accurately. The electronic system could be accessed from all areas of the service, whether the young people were at Elizabeth House or the main college campus. This meant young people did not need to physically carry their medicine record around with them. We looked at these records and saw the administration of medicines had been recorded by staff. Where appropriate, young people were supported to gain independence and to self-administer their prescribed medicines. The college had implemented a robust process to ensure this was managed safely. We were shown how young people were supported through the process of ordering and collecting their own prescriptions. One person told us "They give me my medication but they are helping me to learn about self-medication."

Health and safety checks were carried out regularly. Environmental risk assessments had been completed, so any hazards were identified and the risk to young people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire safety system. Records of these

checks were kept and seen by us. Fire equipment had been checked at appropriate intervals and staff had completed both fire training and evacuation drills. There were policies and procedures for staff to follow in the event of an emergency. Each young person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

The service was clean and tidy and free from offensive odour. The registered manager told us cleaning was carried out by dedicated housekeeping staff. Young people were also supported to be involved in this as part of their daily living activities. Staff were observed washing their hands at frequent intervals to prevent the risk of spreading infection. Hand sanitiser gel was also available for use, also by visitors. There were sufficient stocks of gloves and aprons and we observed staff wearing these when supporting young people with their personal care. The staff we spoke with demonstrated a good understanding of infection control and prevention procedures.

It was clear throughout the inspection that the service strived to continuously improve and provide a safer service to young people. Where accidents or incidents had occurred, these had been reviewed and prompt action had been taken to address any issues. It was evident from looking at the accident and incident records, learning had taken place to minimise the risk of future accidents and incidents. For example, one incident showed a discrepancy had been found in one person's money. This was fully investigated and further safeguards had been implemented to minimise the risk of this reoccurring.

Is the service effective?

Our findings

Young people and relatives told us they felt the staff were highly skilled and had received excellent training to fulfil their roles. One young person said "The staff are very well trained." All of the relatives we spoke with told us the staff were highly skilled and "excellent" at their roles. One relative told us, "The staff are very well skilled. The training must be excellent."

Staff received exceptional training. The National Star Foundation had established their own training department which was accredited by City and Guilds. In addition to completing training which the provider considered as mandatory, staff also had access to bespoke training delivered by health professionals employed by the college as well as external training agencies. For example, physiotherapists and occupational therapists provided personalised training for young people with complex moving and handling needs and the behaviour support team provided staff with individualised training to help support young people to manage their emotions. The training team said this benefitted young people as training could be delivered promptly to respond to any changes in their needs. For example, a number of students had complex moving and handling needs. All of the staff received personalised training on how to support people with their specific aids to ensure their care and support was bespoke to them. The training lead told us how they would continually review staff feedback and adjust staff training to ensure it met the needs of the young people. For example, as care staff also supported people in the classroom environment, they were supported to undertake educational training so they could provide a better level of support to young people when they were attending classes.

The high level of specialised training offered by the provider had been recognised by other stakeholders and they had been commissioned to deliver various training courses. Gloucestershire County Council had commissioned the college to be their lead trainer for safeguarding, moving and handling and medicines. The provider had also been awarded the South West Region National Award for Large Organisations for their Disability Confidence training, which was delivered to other professionals who were working with people with disabilities. The training lead told us how they were delivering autism awareness training to the Police to develop their skills in relation to working with people with autism. The provider was also delivering training to trainee GP's to support them to develop their skills in relation to working with young adults with disabilities. The training lead told us how young people were involved in these training courses and this had resulted in improved levels of self-confidence and a sense of well-being for the students involved.

The induction programme was vital to establishing a staff team who had the skills and knowledge to carry out their roles and responsibilities effectively. After feedback from staff, the induction programme was adjusted to offer a "blended approach" enabling staff to learn new skills in a classroom environment and then work alongside colleagues, in residential settings, to reflect how their knowledge would be put into practice. Staff would receive a minimum three week induction during which they received high levels of mentoring and supervision from managers and senior staff. Elements of the induction training were also delivered by young people. New staff commented on their induction, "My induction was excellent and really prepared me well for the role", "I received an excellent induction. I was always encouraged to ask questions and had fantastic levels of support from senior staff throughout." Staff commented that the mix of

classroom based learning and practical shadow shifts had made a significant impact on their understanding of what they had learnt. Staff received ongoing support, supervision and annual appraisals to assess their competency and training needs. They were rated in key areas and supported to explore career options within the service and at the main college campus.

The training lead told us that they had developed a bespoke training course for all agency staff who were required to work at the service. The training lead and registered manager told us this was done to ensure there was a consistent approach across all staffing groups and ensured agency staff had been sufficiently trained to work with the people living at the Elizabeth House. The training programme for agency staff consisted of a two day training programme which incorporated both classroom and practical learning. The provider had won the Prince's Trust Award for innovation in training and learning in relation to their induction programme.

All students at the service received an IT access assessment. The purpose of this assessment was to put in place the required hardware and software solutions to enable each young person to access computing in the most appropriate way. This involved the provision of appropriate keyboard and mouse alternatives and could involve the use of on screen keyboards that were accessed via eye-gaze or head mouse technologies. This allowed young people with complex communication needs to take control of a mouse pointer using their eye or head movements. The assistive technology system was designed to allow young people to access computers as easily and as independently as possible in order for them to use these technologies for the purposes of communication, education and enjoyment. During our inspection we saw how one young person, who had limited mobility and range of movement, had been supported to use computers. The person told us they were authoring a book on disability rights. The person told us how staff would sit with them to support them with this and said "I am supported whole heartedly. Being able to write this book has allowed me to share my experiences and also advocate for disability rights, which is very important to me."

Young people had access to loan equipment to practice and test pre-ordered bespoke items for their effectiveness. Young people were very confident in using a variety of assistive technologies, on their own terms, to develop their independence and autonomy in areas such as self-care, domestic tasks, mobility, communication, leisure, sensory and other therapeutic activities. The provider had invested significant resources in the establishment of a dedicated technology development team and we found this had resulted in outstanding outcomes for young people. For example, sensory equipment had been individualised to ensure it met the needs and development outcomes for each young person. We heard how the sounds and lights in the sensory room had been configured to individual needs to enable young people to attain maximum benefit from these resources. During the inspection we saw one person using this and how this had supported them to manage their anxiety levels as well as enjoying the sensory stimulation offered by sensory room. The accessible sensory kits had been trialled and tested rigorously with young people to ensure they would be fit for purpose. The technology team had ensured sensory equipment would be easy to use so that all staff could use the equipment with minimal guidance. This had resulted in a significant increase in the use of sensory activities for the people by the residential staff during evenings and weekends to support people to relax at these times.

We found a wider use of the 'smart chair' system which had enabled more young people to develop independent mobility skills. This had helped one person who had previously been told they could never use a powered wheelchair to gain independent mobility. This began by therapists first adapting the person's manual wheelchair through the use of switches and head controlled movement to enable them to move more freely. When the person had gained sufficient experience with this, therapists worked closely with other health professionals to provide this person with a bespoke powered wheelchair. This resulted in them having the autonomy to move around the service and main college campus independently.

The technology team sourced commercially available products for young people to use to manage and control their home environment. Through use of environmental controls young people could open their curtains, doors, listen to music and turn lights on and off and order a pizza. This meant staff could support them to develop life skills at the 'right time, right place' which enhanced confidence and learning. The technology team explained by using commercially available products instead of specialist products, it increased the opportunity for young people to continue using these when they left the college. Thereby maintaining their skills and independence. We were told about one person who would be transferring to independent living in the community, with minimal care provision throughout the day. We were told how this person was working closely with health professionals to develop the specialist technology they would require as well as sourcing commercially available products to enable them to take control of their living environment. This would allow the person to maximise their independence when they moved to their own accommodation.

Elizabeth House is situated close to the centre of Gloucester. The accommodation at Elizabeth House was suitable for the young people that were accommodated and where adaptations were required these were made. Each room was spacious and had sufficient room for any specialist equipment and for young people to move around if they used a wheelchair. Each young person was given the opportunity to personalise their living space. There was a secure garden which was wheelchair accessible. Young people told us how they were involved in planting flowers and using the garden for social activities during good weather.

There was evidence of strong team working between therapy and residential care staff to ensure young people's changing needs were met in their living environment. To further ensure young people would receive the support they needed the provider had employed occupational and physiotherapy assistants who would work alongside care staff in the service to support them to quickly develop their skills in the use of young people's specialist equipment. One member of staff told us how the physiotherapy assistant had worked alongside them to enable a young person to complete their exercises. The staff member told us how this had resulted in a significant improvement in the young person's ability and how it had also enhanced the staff member's knowledge.

Young people were supported to manage their own health care needs wherever possible. Comprehensive care plans provided personalised guidance about their care and support needs in respect of their health and well-being. Young people could make appointments with a GP and with other health professionals. Staff maintained close links with external health and social care professionals involved in young people's care. Examples were given of working with tissue viability nurses, nutritionists and continence nurses to make sure the best possible care and positive outcomes were attained for young people.

The registered manager told us how staff worked closely with people to build upon people's skills and knowledge in relation to their health. Young people, whilst supported by staff, used medical websites and other resources to develop a greater understanding of their condition. This intensive support had helped students to come to terms with their condition, understand more about the clinicians involved in their treatment and had resulted in students being notably more relaxed about what to expect if and when there was a deterioration in their health. Care staff also attended a health skills training session. This ensured they were skilled in recognising early warning signs of deterioration in people's health and respond appropriately. Care staff knew when to seek relevant support from the medical team. This had resulted in consistent approach across the organisation and better outcomes for students .

We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires

that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of young people's capacity. Where required, young people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files. If people lacked mental capacity and were being deprived of their liberty, the relevant DoLS applications had been made .

Staff had an excellent understanding of any special diets young people needed and made sure any soft diets were produced to look appetising. The cook was very knowledgeable about young people's nutritional needs and how to encourage them to eat healthily or to maintain their weight. Some young people had complex dietary needs and systems were in place to make sure their nutrition plans were routinely followed. Food supplements were provided where required. Young people receiving nutrition via a percutaneous endoscopic gastronomy tube (PEG) (a way for people to have their nutritional needs met when they are unable to fully eat by mouth) were given tasters of food or drink if it was safe to do so. Food and fluid charts monitored young people's intake and concerns were raised and action taken when they dropped below recommended levels. Young people at risk of weight loss or weight gain had their weight monitored closely, with their permission. People and relatives confirmed they had enough to eat and their meals met their requirements.

Is the service caring?

Our findings

Throughout this inspection it was evident that young people were cared for with compassion and kindness. Staff at every level wanted people to be happy and live a life that was meaningful and fulfilling. We observed positive interactions between people and staff. There was a genuine sense of fondness and respect between the staff and young people. Young people were given the information and explanations they needed, at the time they needed them and in a manner they would understand. For example, where young people communicated through assistive technology, staff would use this to explain to them what would be happening during the day. People appeared happy and relaxed in the company of staff.

All of the young people we spoke with told us the staff were caring and dedicated, and went over and above what was expected of them. One young person explained to us how a member of staff had spent the entire night with them when they were suffering from seizures. The person said "It shows they really care about us. It's more than a job to them." Another person said "They treat us like family. It means so much." People told us how staff would stay beyond their contracted hours if they required further support.

Relatives we spoke with informed us the staff showed a high level of compassion towards the young people they supported. They used words such as "Compassionate", "Caring", "Excellent" and "very motivated" to describe the staff. One relative told us "They treat them, like their own family. It means a lot to us that they care so much." Another relative said "It gives us great peace of mind knowing they have a fantastic care team around them." Another relative commented "The staff are very dedicated and caring. I don't think we will ever find a staff team like them." All of the health professionals we spoke with told us they felt there was a very strong and caring relationship between the staff and people living at the service.

All staff we spoke with were passionate about communication being key to young people's independence, autonomy and happiness. One of the speech and language therapists (SLT) told us, "It is vital people have a voice and can express themselves. If people can tell you what they want or are feeling, they can take control of their lives". Young people benefitted from teams within the college who could assess their communication needs and offer or develop a range of systems, devices or strategies to enable them to have their voice heard.

We found a very wide range of individualised communication aids being used effectively. This ranged from the simple but creative use of pictures and photographs to the use of a variety of electronic multi-sensory communication devices and tablet computers. For example, eye-operated communication and control systems were used. These empowered people with disabilities to communicate. By looking at control keys or cells displayed on a screen, a young person could generate speech either by typing a message or selecting pre-programmed phrases.

Staff worked creatively with young people on subjects they enjoyed to preserve their engagement and motivation with their communication. Throughout the visit, we saw all staff consistently encouraging people to use their communication devices. Young people's communication devices were constantly reviewed to ensure they were still meeting their needs. A member of the SLT team told us how each person could

develop a bespoke vocabulary set and this could be updated remotely to ensure the person could always express themselves without relying on others. The therapist told us how one person was in a coffee shop with a member of staff and wanted to order an item which was not in their device's vocabulary set. As the person wanted to order their drink themselves, the staff member contacted the SLT team at the main college campus who remotely made the required addition to the person's vocabulary set. The therapist told us how within a few minutes of the issue arising, the vocabulary set had been updated and the person could independently order their drink. Another person used a touchscreen communication device but due to its size, it lacked portability and restricted the person's ability to communicate when out in the community. Staff were working with the manufacturer to develop a more portable device which would enable the young person to communicate more effectively and easily.

Staff were exceptionally skilled in supporting young people's cultural, gender and spiritual needs in a caring and compassionate way. Staff had received training in equality and diversity. They creatively supported young people to develop an understanding of their own and other's social, cultural and sexual diversity, values and beliefs. The 'Talk2Team' also counselled and supported young people on an individual basis through specific issues such as sexuality, faith and relationships.

Staff creatively met young people's individual needs relating to their protected equality characteristics and their values and beliefs. For example, the provider had developed and piloted an innovative sexual orienteering programme. Creative, age appropriate activities and resources had been developed to support young people with learning disabilities to gain a better understanding of their sexual orientation, to recognise diversity and to make informed choices about their own sexuality and relationships. These included 'Diverse City' – a simple game that allowed discrimination and sexual orientation to be considered, 'Blurred Lines' - a set of images on mugs which challenged stereotypes and a film young people made about hate crime.

We saw that young people evaluated the programme very positively and made suggestions on how this could be further developed. For example, young people said they would like more opportunity to talk about sexual relationships and the programme lead told us how their request had been incorporated in the revised programme. The provider had hosted an event which focussed on people exploring, valuing and respecting other people's relationship preferences. The event focused on different types of relationships such as same gender relationships and discussions were based around people's understanding of this and promoted a culture of respecting people's individual preferences. One person we spoke with told us "The event was really good. I got to dress in drag clothing and was able to put myself in somebody else's shoes. It really helped me understand how other people feel. It has also helped me respect people more who are different to me." Another person said "The event has really helped me understand relationship issues better. The dressing up was fun but was also really helpful in understanding issues better."

Every person's individual cultural and religious needs were discussed when planning their care. The service had procedures in place to support people if they had any specific religious or cultural dietary needs. Where people expressed a preference, they were supported to attend a church or other places of worship.

Young people had opportunities to practice their own beliefs and religion as well as explore different religions and cultures to develop greater tolerance and to be able to make a positive contribution to their community. The provider employed a multi-faith worker who had developed a range of excellent cultural and faith resources which had been positively received by young people. One such creative resource was 'Faith in a Box' kept at the main campus' multi-faith space called 'The Retreat' room. These boxes could be picked up by staff at any time and included accessible information and activities staff could complete with young people about different religions to increase their understanding. The multi-faith worker also led a weekly faith group which hosted speakers and arranged visits to different spiritual places.

The main college campus was also one of the main venues for Gloucestershire's Black History Month workshops. Through their 'Creating Communities' project, international links had also been developed enabling young people to partake in joint projects and gain a deeper understanding of other cultures. FestABLE, the first National Festival of Specialist Learning, will be hosted at National Star in June 2018 to look for solutions to current issues facing young people with disabilities in specialist learning .

Young people spoke positively about these experiences. We found them determined to challenge stereotypes and were passionate about promoting disability issues and challenging stereotypes. Young people encouraged the provider to take part in BBC3's Disability Season which resulted in three one hour programmes about the young people called 'The Unbreakables'. The positive feedback identified how people can challenge their own thinking and views of young adults with disabilities. We heard how young people gained hugely from this experience growing in confidence and actively seeking new ways to sustain the impact this programme had. This included one young person setting up their own 'Don't Call Me Special' campaign and others doing talks at local schools.

There were lots of different ways in which young people could express their views and they said they were involved in the planning and review of their care. Young people were consulted and involved in devising the leisure timetable to ensure it met their needs and interests. They evaluated activities and clubs and fed back on changes required. They were consulted through residence meetings about how they would want their accommodation to run, house rules, expectations and how they wanted to spend their time during weekends and evenings.

Young people knew how to contact their student representatives to raise issues about their individual care. The provider's advocacy service was run by previous students who could relate to the experiences of people attending the college. The learner involvement co-ordinator led peer advocacy services for young people and 13 young people had benefitted from the service in the past year. The co-ordinator had also been proactive in developing student voice opportunities at campaigning events and staff had benefitted from targeted advocacy training.

Care records contained the information staff needed about young people's significant relationships including maintaining contact with family. Young people had visitors at times they wished to be visited. For example, not at times which could disturb their daily routines. Staff described how they kept in touch with anxious parents and promoted positive relationships with them. Young people had access to the internet to keep in touch with parents through visual communications as well as over the telephone. Relatives told us they were able to visit when they wanted to. One relative confirmed "there have never been any restrictions on visiting."

Is the service responsive?

Our findings

Young people interested in moving to Elizabeth House could access information on line, through a video made by and with young people at the service and in a handbook to help them make their choice. The registered manager told us staff visited people in their own homes, schools or other placements to assess their personal needs. This enabled staff to work alongside young people to gain an insight into their preferences and interests. This was vital for young people with an autistic spectrum disorder who liked to have very strict routines or young people who had very complex health needs. Staff told us this process also helped parents with the transition of young people to a more independent lifestyle. The assessment process allowed young people to build relationships with staff so when they moved to the service they had someone they knew. One person told us "I met the staff who would be supporting me and got to see where I would be living before I moved here. It was very reassuring."

Prospective young people also undertook an overnight stay so they could experience the service first hand and receive a multi-disciplined assessment from the various professionals based at the service. Personalised care plans were developed from the knowledge gained during the assessment process and other information provided from health and social care professionals. Young people were involved in monitoring and reviewing these wherever possible, so they reflected their current routines, likes, dislikes and aspirations. Young people had worked creatively with staff in preparation for their annual review. Some young people had produced a video to illustrate their care plan and the progress they had made.

Young people's activities were based on their preferences and included activities inside and outside of the college. Young people were also supported to go on holiday if they wanted to. Activities included functions at the main college campus, cinema visits, swimming and meals out. One person who had sight impairment was supported to attend a rugby match. The staff member accompanying them provided commentary for the whole match so that the person was aware of what was happening. The person described this as an 'amazing experience'. One person told us how they had been supported to go skiing in Andorra. The registered manager told us that although the main focus of the trip was to provide a social activity for people, they also learnt invaluable life skills. These had included managing foreign currency, using various forms of transport and interacting with young people from other backgrounds.

Throughout our inspection we heard comments from young people about their future aspirations and the support staff gave them to achieve these. These included "The staff have helped me learn a whole new set of skills which I didn't have before. They have helped me gain the confidence that I can do things." Two people told us they were going out shopping to purchase the ingredients so they could prepare their own lunch. One person told us they were interested in public speaking and the staff had empowered them to do this. The person told us how they had been supported to speak on behalf of the provider at a NATSPEC event. NATSPEC is the membership association for organisations which offer specialist further education and training for students with learning difficulties and/or disabilities. The person told us how they were supported to talk about the importance of high quality care in educational settings. They spoke proudly of how they presented to an audience consisting of various professionals from health and educational backgrounds. The person said "The staff helped me realise one of my goals and have helped me share my

experiences. I feel I have been able to give something back."

The provider's focus on challenging expectations had led to an increase in the number of young people gaining work. Following our previous inspection, the provider had evaluated their work placement programme and found one of the challenges young people faced was finding work placements when they moved back home to another part of the country. To address this concern, they had worked creatively in partnership with larger corporations with branches nationwide and had been successful in supporting young people, post-college, to move their work placements with them when they returned home. This ensured ongoing learning and independence.

Transition to and from the service was excellent. Visits were arranged to destination providers to support young people to make meaningful choices when they moved from Elizabeth House. We heard many examples of how effective working between multi-disciplinary professionals in education, residential care, transition and therapy teams had led to increased awareness and support to young people to develop core life skill competencies via work placements. One person told us how they were working at the main campus' bistro café to gain work experience. The provider's specialist housing and career staff supported young people to secure social work support and appropriate accommodation post college. The provider had also hosted a Transition Event whereby over 35 organisations attended to offer support, advice and guidance for options post- college. This event received positive feedback with one visitor noting "Bowled over that the college would go to such lengths to put on an event like this for students/parents/carers, amazing."

The young people we spoke with indicated they were happy with the staff who supported them and felt they could raise any concerns they had. One person said "I am not great at complaining. However, the staff will also make sure I am happy and give me a chance to talk about any concerns". Another person said "The staff listen to me and will take quick action to address concerns".

Complaints and compliments were managed well. The service had received one complaint in the last 12 months and this had been dealt with effectively in accordance with the provider's complaints policy and had resulted in positive outcomes for the person. The registered manager was able to demonstrate the learning which had been gained through this complaint. The service had also received compliments. One person stated "I would like to thank you for your support over the last year. You have brought out the real woman in me. Thank you for supporting me through my issues and being there for me. I look forward to spending another year with you all." A relative had written, "We've had a delightful day and you should be very proud of your staff and the environment they create for clearly very happy, safe, and content, friendly residents. I have no doubts (name of family member) will achieve all he can in your care. Thank you".

Staff members we spoke with informed us feedback received from young people was shared with them and they found this to be motivating as it reassured them they were doing a good job. Staff said they used any concerns around areas of dissatisfaction as part of their personal development to ensure they took learning from issues raised in order to provide a better service in the future.

The service was providing end of life care. Where relevant, young people's needs and preferences regarding this had been clearly recorded in their care files. Young people and their relatives told us they had been involved in developing these plans.

Is the service well-led?

Our findings

The vision of National Star Foundation and Elizabeth House was to promote "A world in which people with disabilities are able to realise their potential as equal and active citizens in control of their lives". All staff and senior management demonstrated this clear vision and a highly positive person centred culture was seen throughout. Staff had high standards and expectations of both themselves and young people and this promoted an exceptionally positive culture of challenging disability perceptions which had improved young people's confidence and opportunities. One young person told us "Staff are working with me to identify new opportunities and challenges. They never give up in helping me achieve my goals." One relative said "He's doing things now he would never have done at home."

Young people were supported to focus on making a positive contribution to Elizabeth House, the main college campus and the community as a whole in order to help achieve their full potential. This was demonstrated by outstanding examples including young people coaching school age students, showcasing work skills in several of the provider's social enterprises and external work placements. A high percentage of young people were taking on representative roles, participated in the development of innovative technology and actively participated in recycling and energy reduction projects which promoted sustainability. Young people had been supported to actively campaign to improve rights and entitlements for people with disabilities for example, being actively involved in the 'A Right not a Fight' campaign and working with NATSPEC to influence the high needs thematic review. Throughout the inspection, we found young people and staff were motivated and passionate about equality and empowering people to live the lives they want.

The registered manager monitored these values and the delivery of their vision for young people through personal observations, feedback from people and staff. They had an in depth knowledge of people living at the service, their goals and aspirations and how far along they were to meeting these. The registered manager endeavoured to play a central part in the review of young people's care and support. They worked tirelessly and creatively on behalf of people. For example, representing people who had been refused education funding for another year at college, to enable them to maximise their potential.

Young people were extensively involved in promoting the college and were viewed as its greatest ambassadors. For example, OrcheStar (National Star orchestra) activity had included interactive workshops with local businesses and schools, performance and demonstrations at recruitment events and a performance during the July 2017 Expressive Arts Week at the college.

Young people were highly valued and their views were central to the development of the organisation. Young people were supported to be included in highly effective forums which gave students a voice when it came to decisions and strategies for change. These included a cross-college Student Union and Student Parliament. Student Governors attended pre-meetings to ensure they could meaningfully contribute to the meetings. The provider had established an 'Advisory Board' of people with learning disabilities to support the two Student Governors, provide advice, challenge and develop link roles. The provider was also developing an 'experts by experience' programme to monitor provision across sites and feed directly into Governors and Trustee Boards and the Senior and Operational Manager for action.

Young people had contributed to both internal development activities and national consultations. We found these student involvement strategies were highly effective and heard many examples of how young people's views had influenced change and improvement at the college as well as the wider care sector and their local community. For example, young people had delivered a presentation at the NATSPEC conference to share their views on what good care looked like for them. Young people from the Student Parliament had visited local employers. They had assessed the working environment and advised on how practical changes could be made to ensure the work space would be more accessible for people with disabilities.

Young people were consulted in the development of their accommodation. The provider had worked closely with a bank to raise funding and provide staff from the bank with opportunities to spend time decorating the service and mentor young people at the same time. In order to raise funds for the decorating work, the bank staff organised a cake sale at their offices which was attended by the young people who assisted in the sale. Following the success of the first event, a second event has been planned for August 2018 where a bigger group of bank staff will be attending to spend a day with the young people and gain an understanding of disability and the impact this has on students. The registered manager told us young people will be involved in a seminar about disability where students will talk about their own experiences. The afternoon will focus on "sports day" type activities with bank staff teamed up with young people to undertake a series of events. The registered manager told us how they felt this will allow the young people to build positive relationships with the staff from the bank. The registered manager said this would enable the bank staff to gain a better understanding of how people's disabilities affect them.

The provider endeavoured to involve young people in the development of staff learning. Young people had written the new staff disability awareness induction training and delivered this to all new staff. Young people had also supported a university by partaking in their induction days for nursing students as well as newly qualified GPs.

The registered manager promoted an open culture of transparency where lessons could be learned to drive improvements. Staff were encouraged to raise concerns openly and without fear of recrimination. We saw examples of this in the implementation of the accident, incident, safeguarding and complaints procedures. Where appropriate, staff had been enabled through closer support and offers of additional training, to ensure young people were provided with consistently high quality care and support.

The registered manager and senior management team understood the improvements that needed to be made across the service. Strong risk and compliance measures were in place, including a detailed risk register and quality assurance framework. For example, this supported the monitoring of the electronic medicine system and identified areas for improvement and practice development. The provider had an array of systems for auditing and reporting to ensure a high quality service delivery. This included, but was not limited to, student safety and quality, medicines management, reports to the board of trustees and an audit committee. We had sight of meeting minutes and reports which demonstrated how the service was scrutinised and how safety was being monitored and reported effectively. This demonstrated transparency in the organisation which had clear links of accountability from the through every level of the service. Information on matters such as infection control, falls prevention, medicines incidents, staff recruitment/competencies, complaint management, safeguarding and finances were known about by those responsible and accountable within the organisation. Effective methods of communication were in place as well as systems to address any matters arising. For example, staff used an assigned email address for each young person to communicate any changes or risk. This meant all staff working with a person across the provider's various sites had up to date information about emerging risks and concerns.

The provider had undertaken a large scale review of all technologies being used and had identified that

those available to young people, were not always sufficiently individualised to meet their needs. They had invested significant resources to develop an internal technology development team and we saw throughout our inspection how this development had led to exceptional outcomes for young people. Training and workforce planning had been completed pro-actively to ensure the provider could meet the anticipated needs of young people with more complex needs. The residential, therapy, technology and educational teams had very successfully become increasingly integrated with residential learning. This had ensured young people practised skills in real settings which accelerated progress towards life goals. Therapy assistants had been introduced to support people's therapy in the residential settings.

We found outstanding partnership arrangements with local and national organisations and saw how this had added significant value to the leisure, work and development opportunities for young people. The provider was a member of 18 national organisations to support their understanding and implementation of current legislation and good practice. We found examples of how the provider's passion to continually improve their service had led to the development of innovative practice for example in relation to the sourcing of work placements and development of innovative technologies. The provider continuously evaluated these projects and fed back to other members to ensure learning could result in wider improvement.

We saw examples of how speech and language therapists (SLTs) had developed a vocabulary for young people's communication aids which was bespoke to the language used by teenagers. This had been piloted successfully within the organisation and was now being used nationally by other organisations who used the 'Vocabulary for Life' system. SLTs from the service were also involved in developing national practice in relation to communication needs. They had provided input into the research of 'Lego Therapy'. This is a social communication strategy for people with autism which uses Lego. Following the successful use of the therapy within the service, one of the therapists led a seminar to share their knowledge with other organisations from across the country.

The provider had obtained a number of achievement awards and accreditations. For example, they had met the QC Management Cyber Essentials Standard 2017 which evidenced that they had implemented controls to mitigate the risk from common internet based threats. The provider had won several technology awards for products that were being commercialised. Funding was also awarded by the Equality Challenge Unit to work in partnership with Gloucestershire College. This was to build specialist resources to support people with learning difficulties to gain a better understanding of sexual orientation and sexual identity.

The leadership of the service was exceptional. It was evident the registered manager offered strong and experienced leadership and had a clear vision about the direction of the service. They were highly committed to improving young people's lives and ensuring young people had the best care they could receive. They expected the same high standards from the staff who were as committed to these values as the registered manager was. The management team were very much part of the overall care team at Elizabeth House. They were fully involved in people's care and were both visible and approachable. Staff at the service clearly understood their role and worked hard to promote a homely atmosphere in the service.

The registered manager was supported by a home manager and deputy manager, a lead nurse and a senior management team to oversee such areas as human resources, training, quality and behaviour support. They were supervised and supported by a representative of the provider. The registered manager was aware of their responsibilities with respect to being registered with the Care Quality Commission (CQC).

Staff spoke positively about management and the college. One said, "I've been here for 10 years, I'm a PLC (personal learning coordinator), I love it here. National Star is an excellent college. We're supported well with

staff development". Another said, "I feel supported, the company is great. I've never had complaints. Working with the students and being able to give them a better life is the best thing". The registered manager was keen to ensure staff were well supported and that a high level of service was provided to people. The young people living at Elizabeth House spoke positively about the registered manager. One person said "I can speak to her (the registered manager) about anything as she will always listen." Another person said "I can speak to any of the managers who always take time to listen to us." Relatives and professionals also spoke positively about the registered manager. One relative said "The manager is excellent and genuinely cares".

The staff described the registered manager as being "hands on". We observed this during the inspection as they would regularly attend to matters of care throughout the day. Staff we spoke with told us they felt the morale amongst staff was high and this was down to the excellent leadership from the registered manager and provider. Staff told us that management's recognition of good practice helped maintain the staff morale. A number of staff commented on how all of the managers had started as care staff before being appointed to more senior positions. One staff member said "Because they have done the job, they know what you experience and how you feel. In my opinion this allows them to provide great support to us."

The registered manager had a clear contingency plan to manage the service in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. The registered manager also detailed how members of the wider management team would cover for them if needed.