

Leonard Cheshire Disability

The Risings

Inspection report

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Ratings

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

Summary of findings

Overall summary

The Risings is a five bedroom detached house on the outskirts of Exeter. The service provides accommodation and support for up to five younger adults with a range of complex learning and behavioural difficulties. At the time of the inspection there were four people living in the home. This was the first inspection of this service since it registered with the CQC on 11 July 2016 to provide support to people over the age of 18. Prior to this it was a children's service inspected by OFSTED.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on annual leave on the day of the inspection, so we spoke with them on their return by telephone. The deputy manager was covering and available throughout the inspection.

There was a high level of confidence in the leadership and management of the service expressed by people, relatives and staff. Managers had a 'hands on' approach, and were always available to offer support and guidance. One relative told us how they had valued the support they themselves had been given when their family member moved into The Risings. The managers had told them, "Any problems you've got to run it by us". They added, "I was there for nearly two hours. As a parent handing them over it's difficult and they did help me. They told me, "Nothing's changed except their address. You're still their voice".

The Risings had previously been the provider's only service for children, which meant people needed to move into an adult placement when they were 18. Relatives and external professionals told us this had impacted negatively on those people affected and they had lost some of their skills and confidence. These people had wanted to return when The Risings re-registered as a service for adults, and were now beginning to regain the confidence and skills they had lost. This required a highly personalised and responsive approach, and relatives and health professionals confirmed the progress people had made.

The service placed a strong emphasis on a 'person centred approach', and ensured people, and their advocates where appropriate, were fully consulted and involved in all decisions about their lives and support. This meant people's legal rights were protected. People's individual communication needs were understood and all information provided in a format appropriate for them, which meant they could participate fully. We observed that staff were kind and caring and treated people with dignity and respect. A relative told us, "I can't get over how all those people are treated so wonderfully...exactly the same whether they have family support or not...the young adults come first".

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse. Staff were recruited carefully and appropriate checks had been completed to ensure they were safe to work with vulnerable people

There were enough staff deployed to meet people's complex needs and to care for them safely. People were engaged in a variety of activities within the home and in the community and there were sufficient numbers of staff to support people to go out when they wanted to. This ensured people experienced a good quality of life. There had been some difficulty in recruiting staff to fill vacant support worker posts. The provider had reviewed pay and job roles, and at the time of the inspection a successful recruitment campaign was underway. It was anticipated the service would be fully staffed in the next few weeks.

A comprehensive induction and regular training meant staff were knowledgeable about their roles and responsibilities, and people's individual needs. This included specific service related training which enabled them to understand and meet the complex needs of the people living at the Risings. One member of staff told us, "The training is brilliant, really good, especially autism awareness which is really important. The whole training programme is spot on".

People received care and support in line with their individual care plans. Comprehensive risk assessments identified individual risks to people's health and safety and there was information in each person's support plan showing how they should be supported to manage these risks. Risk assessments also supported people to take positive risks. This enabled staff to promote their independence and meant people could do what they wanted to do in a safe way, . Systems were in place to ensure people received their prescribed medicines safely and when required. The service ensured people had access to a range of external health and social care professionals, which meant their physical and emotional needs were met.

The provider had comprehensive and effective quality assurance systems in place to monitor safety and the quality of care. Managers actively sought feedback from people using the service, staff and their families, and we saw this information was used to improve the quality and safety of the support provided.

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.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training.

People received their medicines when they needed them and these were managed and administered by staff who were competent to do so.

There were appropriate staffing levels to safely meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff trained in providing care for people with complex communication and support needs.

People's rights were respected because the service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People were supported to develop their skills and confidence around meal planning and preparation.

Is the service caring?

Good ●

The service was caring.

Staff were passionate about their roles and committed to providing person centred care.

People were treated with kindness, dignity and respect.

Staff had a detailed understanding of each person's preferred communication methods and how they expressed their

individual needs and preferences.

The service was proactive in ensuring people and their representatives where appropriate, were fully informed and involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were able to progress and achieve their goals because the support provided was personalised and responsive to their individual needs whatever their starting point.

People were fully involved in the development and review of their care plans, because the service was proactive in ensuring they were able to contribute using communication methods appropriate for their individual communication needs.

People participated in a wide range of activities to suit their interests which also helped to develop their confidence, fitness and social skills.

The provider was proactive in supporting people who used the service to make a complaint if they wished.

Is the service well-led?

Good ●

The service was well led.

The service promoted an open and caring culture centred on people's individual needs.

People were supported by a motivated and caring team of management and staff.

The provider's quality assurance systems were effective in maintaining and promoting service improvements.

The provider and management team were proactive in ensuring the staff team had the skills and knowledge required to support people effectively.

The Risings

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 was the first inspection of this service since its initial registration with the Care Quality Commission on 11 July 2016.

This inspection took place on 15 May 2017 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included statutory notifications (issues providers are legally required to notify us about) other data and enquiries.

As part of our inspection we spoke with one young person and observed staff supporting three other people who could not communicate verbally with us, to help us to understand their experience of the service. We spoke with three people's representatives, three health and social care professionals and five members of staff including the registered manager and deputy manager.

We looked at a range of records the provider is required to maintain. These records were located in the office, in the accommodation and sent via email. They included four support plans, four staff recruitment files, staff training records and quality monitoring records. We also looked at records of accidents, incidents, compliments and complaints and the minutes of meetings held by staff and the young people using the service.

Is the service safe?

Our findings

The majority of people living at The Risings had limited verbal communication skills. We observed people were at ease and comfortable with the staff supporting them. We had a conversation with one person who told us they felt safe and happy at The Risings. People's relatives strongly agreed the service did everything they could to promote people's wellbeing and safety. Comments included, "They manage the risks. [Family member] is as safe as they could be anywhere...They've always been happy there. They wouldn't be there if they weren't" and, "I do feel my [family member] is well looked after and extremely safe. It's the most important thing as a parent. They are a vulnerable person. I totally trust the environment they are in".

Staff we spoke to had a good understanding of people's individual risks and how to minimise them. We saw that care plans contained a comprehensive range of risk assessments with measures to ensure people received safe care and support. These included risks related to activities of daily living such as bathing and showering, cooking in the kitchen, eating and drinking and travelling on a bus. Risk assessments also supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way. One person's care plan stated, "[Person's name] has a right to make choices and take risks if they choose. They will be provided with clear information, assistance and support to enable them to make informed choices and to live their life as they wish. Effective measures were taken to minimise any risk or hazard identified through an assessment process and documented risk assessment". This approach meant that one person with severe epilepsy was able to go swimming. They had been formally assessed as having the capacity to understand any risks, and there had been a risk assessment of the activity. They swam with 'one to one' support in the shallow end of a life guarded pool with easy access steps. A health professional told us how the service had supported another person who wanted to go on a trip to London, saying, "[The person] said they wanted to do that and they made it happen for them very quickly. They risk assessed well, which meant if things went a bit awry there was a contingency plan. It took careful planning and risk assessing".

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised they would be dealt with to make sure people were protected. A question on the agenda for every staff supervision was, "Have you seen anything that causes you concern?" The deputy manager told us staff would always come and speak to the managers if they were worried about something.

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Staff knew what to do in emergency situations. For example, staff received training in providing the required

medicines in the event of a person having a seizure, and had been assessed as competent to administer them. There was a personal emergency evacuation plan for each person in the event of a major incident such as fire or flood. Staff had received training in fire safety and there was a full evacuation every three months to ensure people and staff would know how to respond in an emergency situation.

There were sufficient numbers of staff to meet people's complex care needs and to help to keep them safe. Staffing levels depended on the diverse needs of people and their scheduled daily activities. For example, less staff were needed on weekdays when people were at college, and more staff if they were going out in the evening. One person with more complex needs received continuous one to one staff support. At night there was one waking and one sleeping member of staff. In addition, there was an 'on call' system 24/7 in case of emergency, with a rota shared by the team leaders. The deputy manager told us there had been some difficulty in recruiting staff to fill vacant support worker posts. This meant existing staff had worked additional hours to maintain safe staffing levels. Any additional shortfall had been covered by regular agency staff who had an understanding of people's needs and could provide consistency. The provider recognised this situation was not sustainable. They had reviewed pay and job roles and at the time of the inspection a successful recruitment campaign was underway. It was anticipated the service would be fully staffed in the next few weeks.

Systems were in place to ensure people received their medicines safely. Medicines were kept in secure and suitable storage facilities. The service ensured staff were trained and competent before allowing them to administer medication, and their competency was reassessed regularly. Staff received specific training in the administration of emergency seizure medication and there were clear guidelines and a protocol in place. The medicine administration records (MAR) we checked were accurate and up to date. Regular medication audits were carried out and any medication errors investigated, with action taken to minimise the risk of recurrence and keep people safe.

Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. The information was collated and analysed in order to identify any causes and wider preventative actions that might be needed to keep people safe.

The provider had a range of health and safety policies and procedures to keep people and staff safe. A designated 'health and safety lead' carried out regular environmental risk assessments and audits. The findings were reviewed by the registered manager and provider, and an action plan developed if improvements were needed. All staff received training in infection prevention and PPE (personal protective equipment), including disposable gloves and aprons, was readily available throughout the home.

Is the service effective?

Our findings

Many of the staff had been working at the service for several years. They had supported some of the people at The Risings when they were children, and knew them very well. This meant they had a good understanding of their needs, and relatives and advocates told us the service was effective in meeting them. Comments included, "They've helped with quite a few problems. [Person's name] is constantly waiting for the next thing to come along, and they've managed to slow them down. They can now enjoy things in the moment, instead of constantly waiting for the next thing to come along", "I think they're pretty remarkable. They've persevered with some challenging behaviour, still giving them opportunities and taking them out" and, "They meet [person's name]'s needs. My [family member] can be very demanding, and they've tried their utmost to meet their needs. They're able to talk them down if they're upset. They've been so good". This view was shared by health and social care professionals. One professional told us, "They are complex people, and they absolutely have the skills and knowledge to support them...They are very good with epilepsy". Another professional said, "They are a very good, well trained provider. They can meet the needs of complex clients".

Staff received training in how to effectively meet people's needs. New staff completed an induction during which they shadowed more experienced staff and got to know people's individual support needs and communication methods. Core training was completed in the first three months of employment. It was delivered on-line and face to face, and included first aid, medication administration, manual handling, safeguarding, infection control, nutrition and hydration, and person centred planning. New staff received individual supervision every two weeks. Their competency, knowledge and skills were assessed over a six month probationary period to ensure they knew how to care for people effectively.

Staff received more specific service related training which enabled them to understand and meet the complex needs of the people living at The Risings. This included communication training, autism awareness and epilepsy. The registered manager told us they were a senior 'Team Teach' tutor and trained staff in supporting people using the service to reduce their anxieties and improve communication. This reduced incidents of challenging behaviour and kept people safe. Training was ongoing and there were regular 'refreshers', which meant staff were able to maintain and update their skills and knowledge. Staff spoke very positively about the training. One member of staff told us, "The training is brilliant, really good, especially autism awareness which is really important. The whole training programme is spot on". In addition staff were encouraged and supported with their continual professional development, undertaking national vocational qualifications relevant to their role.

Staff told us they felt well supported. They received regular individual supervision, an annual appraisal and there were monthly staff meetings. Supervision provided an opportunity for them to discuss their practice and goals and identify any training needs. The deputy manager told us, "Staff meetings and supervisions are more reflective than they've ever been...It's more about questioning yourself as you work. I question myself more than I ever have. We talk about the young people, what makes a good day or a bad day, workloads and risks".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and demonstrated an understanding of the requirements of the MCA. When people lacked the mental capacity to make certain decisions, the service had followed a best interest decision making process. Care plans contained capacity assessments and documented best interest processes for a range of decisions including moving to The Risings; the use of a bed sensor or sound monitors to alert staff if a person was having a seizure; and adopting a healthy eating diet in order to lose weight.

People can only be deprived of their liberty to receive care and treatment which is in their best interests, and legally authorised, under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority where required.

The transition from a children's service to an adult's service meant the MCA legislation was new to some staff, as DoLS legislation does not apply to people under the age of 18, and the MCA does not generally apply to children under the age of 16. Staff told us using the MCA had been a challenge, because "We're so used to having them as children". The registered manager had asked for support from the provider to make sure they were using the legislation, designed to protect people's rights, correctly. A health professional told us, "They are finding their feet with the paperwork. They consulted us about best interest decisions; they are keen to get it right."

Staff had a good understanding of people's nutritional needs. People had been referred for specialist support if required, for example to a speech and language therapist (SALT), and guidance followed. A risk assessment was in place for a person at risk of choking, with measures to minimise the risk. Their care plan advised; "[Person's name] can eat very fast. They need support to remind them to slow down in case they choke". People were involved in their meal planning, food shopping and meal preparation to the extent they were able to be. One person's care plan said, "[Person's name] will make cheese and onion pasties for themselves and can cook some meals with simple cooking recipes. They prefer staff not to support although staff will need to be around". Photographs of different foods were used to help with decision making, including options of where to go out for dinner. A relative told us, "There is a good choice of food; they buy in things people particularly like".

Care plans contained records of hospital and other health care appointments, which showed people had access to a wide range of health professionals to maintain their physical and emotional health. A relative told us how staff had supported their family member to see the GP and the dentist, when the person found it, "difficult to go", or arranged for the health professional to visit the person at The Risings. Health and social care professionals spoke positively about how the service communicated and worked with them. Comments included, "They are very welcoming and good at collaborative working with outside agencies" and, "They are very good at getting in touch".

Is the service caring?

Our findings

The atmosphere in the home was happy, relaxed and welcoming. The deputy manager told us the majority of people living in the home had known each other for a long time, looked after each other and enjoyed spending time together. Without exception, all the staff we met with and observed were kind and caring in their interactions with people. There was lots of laughter and friendly banter and people responded very positively to them. A relative told us, "I can't get over how all those people are treated so wonderfully... exactly the same whether they have family support or not...the young adults come first". A health professional told us about the support the service had given to a person who had moved back in after a period of time in different accommodation. They told us staff had been "really compassionate" and "very supportive", which meant the person was now less anxious and "able to cope with much more".

There was a commitment to promoting independence and ensuring people were fully involved and consulted in all aspects of their lives. Several staff had worked with people living at The Risings from childhood, and were now supporting them into adulthood. The deputy manager told us, "We are working alongside parents to adjust, and see them as adults able to make choices...Our aim is to get them as independent as possible. We recognise they are all individuals and capable of different things".

Staff engaged with each person in a way that was most appropriate to them. Communication strategies had been developed for each person, which meant they were able to express their views and make choices. For example one person had options written down for them. They used a 'yes', 'no' tick box format to communicate what activities they wanted to do, or what they would like to eat. Another person had chosen a new CD player from a selection of photographs. The member of staff had recorded their decision; "[Person's name] immediately pointed to the pink one and again when asked if they were sure". One person we spoke with used their tablet computer to support their communication using photographs. Other methods of communication included using pictures and symbols to express feelings, and a form of sign language called Makaton.

Each person had their own bedroom and had been supported to choose their own wallpaper, colour schemes, furniture and duvet covers using their individual method of communication. Prior to moving in, one person had been shown photographs of the bedrooms so they could choose which one they wanted. The layout of the home meant that there were communal areas and quiet areas where people could choose to spend their time.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One person's care plan advised staff, "When [person's name] is in their room, it's their private space. They don't like people knocking on their door. To communicate with [person's name] in their environment/bedroom they have a bell to press before entering their room".

Staff respected people's dignity within the home. We observed they always assisted people in a discreet and respectful manner during our inspection. PPE (personal protective equipment), including disposable gloves and aprons was kept out of sight in cupboards, rather than being 'on show', which meant people's dignity

was respected. The deputy manager told us the service used 'social stories' to help the young people "manage privacy around their own sexual development and understand what is private and what is not". 'Social stories' are a means of helping people with autism develop greater social understanding and stay safe through presenting information in a literal 'concrete' way. This may improve their understanding of a previously difficult or ambiguous situation or activity.

People were supported to maintain relationships with people who were important to them, and visited them regularly with the support of staff if required. One person's care plan showed they were supported to see their family as often as they would like and were also able to speak with them on the phone, with staff holding the phone to their ear. Relatives told us the service kept them well informed about the wellbeing of their family member. One relative told us how they had valued the support they themselves had been given when their family member moved into The Risings. The managers had told them, "Any problems you've got to run it by us". They added, "I was there for nearly two hours. As a parent handing them over it's difficult and they did help me. They told me, "Nothing's changed except their address. You're still their voice".

Care plans showed that people had been supported to express what they would like to happen towards the end of their life, how they wanted to be supported and who they would like to be involved in making decisions at this time. Their wishes had been documented, which meant staff would be aware and ensure they were respected.

Is the service responsive?

Our findings

The support provided by the service was personalised and responsive to people's individual needs. These meant that whatever goals people had they were able to progress and achieve, whatever their starting point. The Risings had previously been the provider's only service for children, which meant people needed to move into an adult placement when they were 18. The deputy manager told us this had been detrimental for those people affected. They said, "All that hard work. They move and [the progress] just seems to stop". These people had been able to return when The Risings re-registered as a service for adults, and were now beginning to regain the confidence and skills they had lost. The deputy manager told us, "[Person's name] is now much more settled. We're getting the 'old [person's name]' back. Another person had returned with high levels of anxiety, which impacted significantly on their quality of life. The registered manager had worked with the person's family, health professionals and staff at The Risings to improve their understanding of the person's needs and develop strategies to support them. This included enabling the person to have more control over their lives by devising their own care plan, ensuring they were able to express their choices and preferences on a daily basis, and being supported by a consistent staff team. As a consequence the person had been able to reduce their anti-anxiety medication and enjoy activities such as shopping, swimming, bowling and an overnight trip to London. The registered manager told us the person was, "more communicative and is engaging with staff and other service users more" and a health professional had noted that they "are in general a happier person".

A comprehensive assessment process was carried out before a person moved into The Risings, which included liaising with the person and their family where appropriate and shadowing the people who were supporting them to gain a good understanding of the person's needs and risks. This allowed time for their placement to be carefully planned, which meant the person would receive the support they needed during the transition into the service. A family member could stay with the person and support them with the transition if required. One person had needed a lot of time and support during the transition and had moved in gradually over a six month period. A health professional told us, "It's been a long transition for [person's name], which they were happy to accommodate. They are quite responsive to their needs which allowed that to happen". The person's relative commented, "They've managed it brilliantly...They've been absolutely brilliant over the last six months and really gone out of their way to make it as easy as possible".

Each person had a personalised care plan based on their individual learning and physical disability needs. The care plans contained clear guidance for staff on how to support people, and included information about their support and communication needs, personal likes and dislikes, daily routines and activity preferences. They also included information on how each person made choices and decisions and described how they had contributed to the care plan. For example, "[person's name] has been involved in developing the support plan with the help of '1 to 1' key worker meetings. Show them pictures and ask them to show the '1 to 1' what they like and don't like. [Person's name] is able to do this by choosing the ones they like and waving it in the air, pointing at it and becoming very excitable. If they do not like it they will push it away and nod their head backwards". Care plans documented the involvement of relatives, advocates and health and social care professionals where appropriate; to ensure any decisions made on the person's behalf were in their best interests.

Care plans were reviewed every month initially, and then every six months to ensure they remained current and accurately reflected the person's support needs and wishes. People were supported to arrange their own review meetings using their preferred communication method to decide who they wanted to attend, when they wanted it to take place and what they wanted to talk about. Minutes were in an easy read pictorial format to ensure they were accessible.

Information about any changes to people's needs and risks was shared on a daily basis at the staff handover. This included information about seizure activity, with body maps used to show any marks or injuries sustained. This meant staff acted consistently to understand and minimise risks and keep people safe.

People were supported to spend time in the community and to participate in a range of activities in line with their personal interests. The deputy manager told us, "We are keen for people to try different activities. It's ok if they change their mind, we will talk them through it beforehand". One person enjoyed doing household tasks. Their care plan stated, "[Person's name] likes to do their laundry, use the Hoover and feather duster...With verbal support they will pull the duvet covers off the duvet, pillowcases off and sheets off bed. They will also choose which duvet cover they would like on". At the time of the inspection people were choosing and planting herbs in their 'sensory herb garden'. One person enjoyed pottery classes and had their own kiln at the home. People went to college and to a weekly youth club, and photographs of local pubs and restaurants were used to help them choose where they wanted to go for a drink or a meal. People were encouraged to set goals for themselves. For example one person wanted to "grow and develop new skills and experiences". They were in the process of achieving several personal goals which included going on a train journey and flying in a plane. Another person was planning a trip to Butlin's. The deputy manager told us, "Anything they want to do we try and make it happen".

The provider had an appropriate policy and procedure for managing complaints about the service, and this was displayed at the entrance to the home. The deputy manager told us the service had recently received its first complaint. The complainant hadn't wanted it to be an official complaint, but it was explained to them that it needed to be so it could be dealt with through the complaints process and managed properly. We saw there had been a full investigation, action taken to minimise the risk of recurrence and the complainant informed of the outcome. The complaint was also logged onto the provider's computer system so its progress could be monitored centrally. The provider was proactive in supporting people who used the service to make a complaint if they wished. The deputy manager told us, "We know when people are happy or sad (using happy or sad symbols), but it's how to physically complain...its one area we're working on. We know it's an important area".

Is the service well-led?

Our findings

The service was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They had worked for the provider for 14 years and been at The Risings for four years, which meant they had a detailed knowledge of the home and the organisation. They were on annual leave on the day of the inspection, so we spoke to them on the telephone afterwards. They told us, "We're very person centred. We give lots of choices and involve people in every single aspect." They told us the service was working towards being more, 'outcome focussed', with "more goals in place for the young people and moving them forward as much as we can". They added, "I've never got to a point where I think people can't progress anymore", and gave an example of the progress one person was making with their communication, beginning to use more complex words.

Staff said they felt very motivated and were committed to ensuring people received the best possible care and support. Comments included, "I can't see myself working anywhere else. I love what I do", "I've always said this is the type of home you would want a relative to be in", and, "It's a wonderful little service with dedicated staff".

Staff told us they felt well supported by the registered manager and management team and this helped them to do their jobs effectively. One member of staff said, "The registered manager is a good manager. Staff can go to them when they need to. They work a lot on shift. Staff have really enjoyed seeing them down on the floor. [Manager's name] has very high standards. They just want the best for these young people". There was a clear staffing structure in place with clear lines of reporting and accountability. The registered manager and deputy supervised the team leaders and they supervised the support workers. One member of staff said, "We get support from the deputy manager and registered manager, and good supervision with the team leader. If I have any worries I can bring it up. They always deal with it".

The provider had a range of effective monitoring systems in place to assess the quality and safety of the service. This included a programme of weekly and monthly audits including medicine administration, risk assessments, care planning, staff supervisions and environmental safety. In addition the provider had recently completed a comprehensive audit focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? The findings of the audit were positive and we saw the service had acted to make the recommended improvements, for example purchasing a lockable fridge to store medicines. The registered manager told us they valued the external audits, and talked about the importance of objectivity and honesty, saying, "They're worthless if they're not truthful".

The provider used a range of methods to seek the views of the people who used the service, their representatives, and staff. This included regular care plan review meetings and monthly house meetings, where people could discuss issues such as menus, activities and the plants they would like in the garden. Annual satisfaction surveys enabled the provider to identify what the service was doing well and where improvements were needed. The questionnaires for people living at The Risings were accessible in an easy read pictorial format, and included questions such as, "Do staff know how you want to be supported? How does this make you feel? Happy/sad? Do staff listen and support you to make changes if you choose to?"

The deputy manager told us they were working to personalise these questionnaires so they would be "relevant to that particular person and make more sense to them". The most recent relatives and representatives' survey showed a high level of satisfaction with the quality of the service provided. Staff questionnaires could be completed anonymously. Any identified areas for improvement were discussed in team meetings and used to develop an action plan.

People were involved in the local community with staff supporting people to go out most days of the week. This ranged from attendance at college and specialist activities for people with learning disabilities, to a variety of events such as Exeter Pride, a celebration of Devon's LGBT communities; and 'Devon Blue Light Day', which 'aims to break down barriers between individuals with a learning disability and the emergency services in an interesting and interactive way'. The deputy manager told us that although some people living at The Risings had a good social network, the service was in the process of exploring additional opportunities for socialising with peers and making new friends if they wanted to.

The registered manager told us they used a variety of methods to keep themselves informed about developments and best practice, and disseminated what they had learnt across the staff team through informal discussions and staff meetings. They attended training, conferences and bi-monthly managers meetings where there was often a guest speaker. This had been particularly important during the transition from a children's service to an adult's service because there were significant differences in legislation, regulation, funding and resources. One member of staff commented, "It's a different way of working". Although the registered manager had a lot of knowledge and previous experience of managing adult services, they had been able to ask the provider for additional support when required. This had included checking they were using the MCA correctly to ensure people's legal rights were protected, and developing a good understanding of the CQC's regulatory framework. A social care professional confirmed the registered manager had been very proactive in "learning about the 'adult world' to make sure they are up to speed".

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.