

## Dame Hannah Rogers Trust

# Hannahwood Transitions

### Inspection report

Dame Hannah Rogers Trust

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Hannahwood Transitions is a residential care service providing accommodation and support to young adults with physical disabilities and associated sensory, communication and learning difficulties.

The service is registered to provide support with accommodation and nursing care for a maximum of 23 people within five purpose built bungalows. Hannahwood Transitions is located on the same site as Dame Hannah Rogers' school and is run by the Dame Hannah Rogers Trust which is a charity organisation supporting children and adults with physical and learning disabilities.

The home 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous inspection of this service on 13 October 2014 where we rated the service as 'good'.

This inspection took place on 22 and 28 February 2017 and was unannounced for the first day of the inspection. At the time of our inspection there were 13 people living in Hannahwood Transitions. The service met people's different needs by offering full time residential care, including some nursing care, temporary respite care and day services. People using the services had a range of needs. All the young adults who were living at Hannahwood Transitions at the time of our inspection had learning disabilities and complex physical disabilities. Some people required more significant support than others and almost all people were wheelchair users. People living at the service were widely referred to by relatives, staff and the registered manager as 'young adults' and we have therefore used this on a number of occasions through the report.

Strong values underpinned the work carried out at Hannahwood Transition. The Trust's mission statement was "Our mission is to empower, advocate and enrich the lives of children and adults with disabilities". Their core values included "Providing education, training, advocacy, work opportunities, care and other support services for children, young people and adults in needs, their families, carers and associated professionals".

Some comments made by relatives included "It couldn't be any better" and "Dame Hannah Rogers is an amazing place for young adult with complex needs, (Name of loved one)'s life has just taken off since (they) went to live there, (they) absolutely love all the opportunities, the great staff & the bungalow & other young people" and "As a parent this is a wonderful comfort to know that your child is cared & looked after as you would do yourself is a peace of mind one can only imagine".

The service achieved these values through the constant striving for excellence and improvement, through continually seeking people's views and enabling people to have happy lives filled with activities and the promoting of skills development. The service had cultivated a warm, welcoming and inclusive culture where people and staff felt encouraged to express themselves and share their views. All levels of staff focussed on

delivering a clear vision of working alongside people to enrich their lives.

The Trust worked hard to create strong links with the local community in order to increase awareness and integration. The Trust held strong values relating to providing people with disabilities with as many opportunities as possible in order to improve their lives. For example, they had identified a lack of opportunities in relation to the education of young adults with physical and learning disabilities so had worked with the head teacher of the school on site to design a teaching package bespoke to these people's needs. This package was available for people who had either finished the available college courses or who were not accessing them. This enabled people to continue in education, challenge themselves intellectually, learn new skills and improve on existing skills. The package was named 'Hannah's Living Learning and Moving on Education Provision' and had been accredited by Asdan Personal Project Programme which was a Curriculum Development Organisation and Awarding Body. This package explored key issues for people living with learning and physical disabilities and enabled people to broaden and inform their adult view on life. For example, people undertook lessons in their rights and responsibilities in the world, democracy, family, the environment and the world of work. People highly enjoyed undertaking this package and had made strong community links through it. For example, they had worked with a local food bank in order to support families and children with little extras at Christmas and Easter. This had been hugely successful and had resulted in press coverage for the learning group and their work.

Dame Hannah Rogers Trust used innovative methods to ensure people's needs were met when at the service, but also within the wider community. One of the mission statements of the Trust was to improve public knowledge and understanding about disability. People and staff were encouraged to join and influence a number of community programmes in order to ensure people's needs were understood and met wherever they were. For example, one of the occupational therapists for the service, alongside a person who lived at the service, had joined the sustainable transportation group. The person had been supported to speak at a meeting about the limitations of travelling around the local area of Ivybridge with a wheelchair. As a result the council widened a number of pavements and put in more crossing points for wheelchairs. This hugely benefited people who used the service as well as any other people who may have disabilities who lived in or visited the area.

Every person, relative and healthcare professional we spoke with expressed how impressed they were with the exceptionally caring nature of the staff and their attitudes. They all spoke of the staff with high admiration and praised them for the caring ways in which they supported people. Comments from people included "It's almost like going out with your friends. They're lovely, really really lovely". Comments from relatives included "The staff are so caring" and "We are so impressed with the kind, caring, young and vibrant staff". Staff told us that being caring and kind was a fundamental requirement of their job and was their focus. During our inspection we saw positive and caring interactions between people and staff. Staff knew people's needs, preferences, likes and dislikes and spoke about people with respect and admiration.

The Trust and Hannahwood Transitions worked hard to ensure people felt empowered and involved in all aspects of their care. The service was continually working towards improving the service and making it more person centred. They had recently introduced a number of projects, procedures, forms and meetings focussed on gaining people's views about the service. People were also involved in the recruitment of staff and creating a monthly newsletter which celebrated people's interests and achievements. A strong focus was on improving people's skills, enabling their independence and empowering them to have a voice. People were supported to understand and make decisions through the use of different communication methods and devices.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding

information and contact numbers for the relevant bodies were accessible. Staff told us they felt comfortable raising concerns.

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and as prescribed by their doctor.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were potentially vulnerable.

Staffing numbers at the service were sufficient to meet people's needs and provide them with the care and support they required. Staff had the competencies and information they required in order to meet people's needs. Staff received thorough and ongoing training as well as regular supervision and appraisal. The service had a strong focus on investing in staff and encouraging them to develop in their careers. Staff were provided with and encouraged to undertake further training in areas which interested them. This helped ensure each staff member was able to reach and sustain excellent standards of care for people and also ensured people who lived in the service were supported by staff who were continually enabled to learn, progress and specialise in order to help them in their daily lives.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests' decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and food was presented in ways which met people's individual needs. People spoke highly of the food and where people had specific needs relating to their diet, these were responded to.

The service was responsive to people's varied and changing needs. People's care plans contained highly detailed information about their histories, interests, individual needs and preferences. These were regularly reviewed with people and their relatives. People had access to a wide range of activities which met their social, emotional, physical and intellectual needs. People took part in a number of activities on site, at another of The Trust's sites and out in the community. Some activities people took part in included dance groups, wheelchair rugby, pony access, karaoke, wheelchair cycling, sailing, going to festivals, going to the theatre, going to concerts, laser tag, bowling and going to the pub. People also took part in pet therapy, drama club, theatre productions, digital photography, horticulture and a radio show. People were encouraged to suggest further ideas for activities and were supported to follow their passions and wishes. One person said "I am doing what I want every day. If I say I want to do something they help me do it" and "I'm involved with different things in the community. I am part of a group of people with disabilities who share ideas and put on shows. This weekend I am going to Cardiff with a carer to see the Dr Who experience. Today I went to the aquarium and I loved it".

There was open and effective management at Hannahwood Transitions. The registered manager, senior management, deputy managers and team leaders led by example to ensure best practice was followed,

outstanding performance was recognised and the values of the service were delivered. People and most relatives spoke very highly about the registered manager, with comments including "Whenever you want to speak to the management they are there. They are marvellous" and "The manager is very approachable, friendly and professional, as are all the staff that we have dealt with". People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

## 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.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

### Is the service effective?

Good ●

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff went to great lengths to encourage and enable people to make informed decisions where they were able. People were supported to understand and make decisions through the use of different communication methods and devices.

Staff had completed thorough training to give them the skills they needed to meet people's individual care needs. The service employed skilled healthcare professionals and nurses who could meet people's needs and were supported to seek training and continuous development.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

The environment was fully adapted to enable people to move as freely as possible around their home and the wider site.

### Is the service caring?

Outstanding 

The service was caring.

Staff displayed caring attitudes towards people and spoke about people with affection and respect. Staff told us that being caring and kind was a fundamental requirement of their job and was their focus.

Every person, relative and healthcare professional we spoke with expressed how impressed they were with the exceptionally caring nature of the staff and their attitudes.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

The service worked hard to ensure people felt empowered and involved in all aspects of their care. A strong focus was on improving people's skills, enabling their independence and empowering them to have a voice.

### Is the service responsive?

Good 

The service was responsive.

People's care plans were personalised with their individual preferences and wishes taken into account.

People were supported to attend and participate in a wide range of educational and leisurely activities of their choosing. Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People and their relatives felt able to raise any complaints or concerns they had about the service and felt these would be dealt with in a timely way.

### Is the service well-led?

Good 

The service was well led.

People, most relatives and staff were very positive about the registered manager and the way they managed the service.

The service cultivated a warm, welcoming and inclusive culture where people and staff felt encouraged to express themselves and share their views.

All levels of the Trust focussed on delivering a clear vision of working alongside people to enrich their lives.

There were robust quality monitoring systems in place to ensure provision continued to meet the needs of people.

The Trust worked hard to create strong links with the local community in order to increase awareness and integration.

People's records were their own, up to date, comprehensive and well maintained.



# Hannahwood Transitions

## 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 checked whether the provider was 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 visit took place on 22 and 28 February 2017 and was unannounced on the first day. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

During the inspection we spoke with or spent time with nine people who lived in Hannahwood Transitions. We also spoke with the registered manager and seven members of staff, including a deputy manager, a nurse and the activities coordinator. We spoke with six people's relatives and although we sought feedback from a number of healthcare professionals we only received detailed feedback from one of them.

One person who lived at the service was able to communicate with us in detail about their experience of the home. Other people had communication difficulties. On this occasion we did not conduct a short observational framework for inspection (SOFI) during our inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We did not do this as people were coming in and out of the service on a regular basis taking part in their daily lives. We did however use the principles of SOFI when carrying out observations in the service.

We looked around the service, spent time with people in the main building and two bungalows. We spent time with people within their homes, in the kitchens, living rooms and in their bedrooms where we were invited. We observed how staff interacted with people throughout the inspection. We spent time with people over the lunchtime and evening meal periods.

We looked at the way in which people were being supported and looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We looked in detail at the care provided to five people, including looking at their care files and other

records. We looked at the recruitment files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

# Is the service safe?

## Our findings

The majority of the people who lived in Hannahwood Transitions were unable to tell us verbally whether they felt safe. However, one person said "I do feel safe here. It's just excellent. I often still have to pinch myself and say 'wow I'm here'".

We spent time with people, observing their interactions with staff. We saw people were comfortable in the company of staff, for example smiling reaching out to staff and laughing with them.

People's relatives all told us they felt their loved one was safe at the service. Comments included "We feel it is a safe place and trust the staff and lead people completely. When we are there we have noticed the safety precautions that are in place and they seem very good to us" and "The service is extremely safe & the staff are very mindful of the residents vulnerabilities, yet still enabling independence & the freedom to experience many activities & to join in anything the young person may want to partake in".

Managers and staff at Hannahwood Transitions promoted positive risk taking and ensured people were able to lead fulfilling lives. People living here had varying levels of need relating to their physical health conditions, mobility, nutrition and hydration, skin integrity, communication and their learning disabilities.

People's needs and abilities had been assessed prior to moving into the home and detailed care plans and risk assessments had been put in place to guide staff on how to protect people from potential harm. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. Action was taken to minimise any potential risks to people which still promoted and supported the person to live the life of their choosing. For example, one person was at risk of choking because of their physical health conditions. Prior to the person receiving support from staff, specialist speech and language therapists (SALT) working for Dame Hannah Rogers Trust (the Trust) had completed detailed risk assessments and emergency plans. They had provided staff with detailed guidance on how to support this person's eating in order to ensure they enjoyed their food as much as possible whilst also keeping them safe.

Where people had specific healthcare needs that presented risks to their wellbeing there were detailed assessments and plans in place for staff to follow. For example, where one person had specific needs relating to their epilepsy, detailed plans had been created which ensured staff knew how to support the person safely, including when to access emergency support. Following a best interest meeting and decision, an audio monitoring system had been installed in their bedroom in order to alert staff to any potential seizures the person experienced during the night.

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff told us they felt the registered manager would listen to their concerns and respond to these. They told us they understood the service's whistle blowing process and knew how to escalate their concerns outside the home. They felt people were safe and well cared for.

Where safeguarding concerns had been raised, action had been taken. For example, a relative told us that following an incident whereby a member of staff was witnessed carrying out poor practice, other staff members reported this to the registered manager. Appropriate action was taken to address this and keep people safe. The registered manager provided feedback to the other members of staff involved in the incident, as well as provided feedback to the people who may have been affected by the staff's behaviour. The registered manager then held a staff meeting to thank the staff members for bringing forward their concerns and encouraged other staff members to challenge bad practice and raise concerns. The relative told us the actions taken by the registered manager had reassured them and increased their confidence in the service.

Safeguarding training was delivered within an e-learning training package for staff and the trust also arranged for the county council to attend the service on a regular basis to deliver face to face training. Safeguarding was regularly discussed at team meetings and during staff supervisions. During staff supervisions, staff were asked questions about the process to follow should they have any safeguarding concerns. This ensured staff knowledge and understanding was tested and further training needs were identified and responded to.

There were enough staff to care for people in the ways they needed. Each person had their own staff team which reflected their needs and personalities. Each person who lived in Hannahwood Transitions required one to one or two staff to support their care, and this was provided accordingly. Extra staff were needed to enable people to take part in activities and these were in the form of 'floating staff' who went between the bungalows in order to support people with their activities, schedules and preferences.

Hannahwood Transitions had nurses on site in order to meet people's nursing needs and were on call for any emergencies. The service also had a team leader in every bungalow, an activities coordinator, office staff and two deputy managers. The trust employed healthcare professionals such as speech and language therapists, occupational therapists and physiotherapists who helped provide specialist guidance and therapies to people who lived at the service. During our inspection we found each person was supported by staff who met their needs at a pace that suited each person. We saw people were able to take part in a large number of activities, on and off the site because they had the staff support to do this.

Staff underwent robust recruitment checks, in line with good practice. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who were potentially vulnerable. The registered manager told us they only employed staff who displayed a caring attitude and that staff were carefully monitored during their induction period in order to make sure they were suitable for the people in the service. This was confirmed by staff we spoke with who made comments including "They have a good criteria for staff. They look for personality and kindness".

All the people living at the service required support from staff to take their medicines. People received their medicines as prescribed by their doctor and on time. Only nurses and trained staff administered people's medicines. Staff competencies relating to the administration of medicines were regularly checked and nurses carried out regular medicine audits and medicine records were checked daily. This was to ensure people had received their medicines and any potential errors were picked up without delay.

Medicines were stored safely in each bungalow, within people's rooms and within a locked cupboard. Medicines were clearly labelled with people's names. Where medicines required storing at a specific temperature this was maintained and checked daily. There was a photograph of each person on the front of their medicine administration record (MAR) which is in line with good practice. One person we spoke with said "Meds, if I need some they have always been good". Where people required staff to be trained to

administer emergency medicines, such as epilepsy medicines, this training had been provided and staff competencies were regularly checked.

The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Good infection control practices were in use and there were specific infection control measures used in the kitchen and in the delivery of people's personal care.

The bungalows had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. There were emergency plans in place and a nurse and management on call system at all hours to ensure any urgent issue could be dealt with. Spot checks were carried out by management at weekends and overnight in order to check practice and oversee any potential issues. The Trust employed a security company who carried out night time security checks of the site seven nights a week.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. For example, one person had not been provided with an 'as required' medicine where their relative felt this had been needed. The registered manager had investigated this incident, had introduced new guidance for this person in relation to when this medicine should be used, had ensured all staff were aware of this information and had instructed nursing staff to provide additional guidance and training to staff in relation to this. This ensured the risks of this happening again were minimised. Regular audits of accidents and incidents were completed during which any trends, patterns and learning were sought.

## Is the service effective?

### Our findings

Some comments made by relatives included "It couldn't be any better" and "Dame Hannah Rogers is an amazing place for young adult with complex needs, (Name of loved one)'s life has just taken off since (they) went to live there, (they) absolutely love all the opportunities, the great staff & the bungalow & other young people", "As a parent this is a wonderful comfort to know that your child is cared & looked after as you would do yourself is a peace of mind one can only imagine" and "You ask is it effective, I'd say a BIG yes, (Name of loved one) is as happy as she was when at home". One person we spoke with spoke very highly of the care they received at Hannahwood Transitions. Their comments included "I love it so much. I came from a care home setting previously and I was not reaching my full potential or living the life I wanted. My life has changed tenfold since living here and I have regained my independence". Other people who lived in the service were unable to share their views with us verbally, but we observed people looking comfortable and happy.

Every person, relative and healthcare professional we spoke with provided us with glowing reviews of the calibre of the staff at Hannahwood Transitions. They praised their attitudes, personalities, their competence, knowledge and practice. Comments included "The care team carers on the front line are excellent, the nurses superb", "The staff are excellent, they have really impressed us. They want to do their best for every single client and want to give them a fuller life" and "The care staff are in our opinion are second to none".

Staff had undertaken training in areas which included communication, safeguarding adults, fire safety, first aid, health and safety, infection control, the Mental Capacity Act 2005, learning disability, eating and drinking and medicines. Support staff had been provided with specialised training in a number of areas in order to meet each person's individual needs. For example, prior to one person moving into the service, the registered manager had ensured all staff who worked with the person had specialised training, from an external provider, in laryngectomy (which is where a person has had an operation to remove their larynx and requires specialised care and support). Support staff had also received training in epilepsy, emergency medicines and a number of other specialised physical health conditions. One external healthcare professional said "I regularly train members of staff and have no concerns about their understanding". This enabled people to receive the support they needed from staff who had thorough training in all areas of their needs without needing to leave their home.

Staff at the service spoke highly of the training they received and told us they had been provided with sufficient training to care for people effectively. They told us they had received a thorough induction and spoke highly of it. They also told us they were able to request more training when they wished, either in order to reinforce their knowledge or to develop their skills in other areas. The Care Certificate had been introduced as part of the induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. We met with a new member of staff who had recently started working at the service.

Staff were knowledgeable about people's care needs. They were able to describe people's needs, personalities, likes and dislikes in ways which demonstrated they had good knowledge about individuals they supported. Staff we spoke with made comments which included "We know people very well. We see slight changes of facial expressions or behaviours", "We are given enough information to be able to know people's needs and care for them". Relatives confirmed staff knew their loved ones well and could identify their needs, moods and preferences.

As well as being supported by staff with thorough knowledge and training, people who lived in Hannahwood Transitions were also supported by trained healthcare professionals within the service. The Trust employed their own physiotherapists, occupational therapists, speech and language therapists (SALT) and nurses. These members of staff completed assessments of people's needs, personalised guidance for staff, training for staff and individual physical therapy programmes and activities for people to meet their needs.

For example, people received specialised SALT programmes with the aim of supporting people to eat independently. People who took part in this group were introduced to a range of sensory opportunities which provided stimulation within the mouth through the use of chewy tubes, gum massages and therapeutic teeth cleaning. Records showed that people who took part in these groups greatly benefited from them. People and relatives spoke highly of the benefit they or their loved one received from the therapeutic staff team. Comments included "(Name of loved one) feeds herself again now something she hadn't done for years and drinks alone which is amazing, giving her more independence." and "From a physical perspective I am much better because I'm getting therapy. The therapy teams are great".

Dame Hannah Rogers Trust used innovative methods to ensure people's needs were met when at the service, but also within the wider community. For example, one of the occupational therapists for the service, alongside a person who lived at the service, had joined the sustainable transportation group. The person had been supported to speak at a meeting about the limitations of travelling around the local area of Ivybridge with a wheelchair. As a result the council widened a number of pavements and put in more crossing points for wheelchairs. This hugely benefited people who used the service as well as any other people who may have disabilities who lived in or visited the area. This was in support of one of the objectives of the Trust, to improve public knowledge and understanding about disability. People and staff were encouraged to join and influence a number of community programmes in order to ensure people's needs were understood and met wherever they were.

In addition, the service's SALT team had delivered communication training and provided resources to the local GP surgery, where almost all the people who lived in the service were registered. One of the members of the SALT team had also met with the local opticians and created a 'social story' to help people understand the process of a visit to the opticians in order to ensure any anxieties were reduced.

Staff received regular supervision which included observations and yearly appraisals. During supervision staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. One member of staff said "I get supervisions monthly by the team leader. I find them really useful".

Some people living at Hannahwood Transitions required support to make some decisions. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed a thorough understanding of its principles, which they had put into practice.

Staff went to great lengths to encourage and enable people to make informed decisions where they were able. People were supported to understand and make decisions through the use of different communication methods and devices. For example, staff had used pictures cards to discuss one person's needs relating to food and fluid with them. Each part of their diet and requirements, such as fluid thickeners, were discussed with the person. The staff explained to them the reasons why thickener was needed and important. One person said "They know they have to put everything past me first. They always explain policies with me and then we come to mutual understandings. They won't make a decision without you". One relative said "(The staff are) always asking them questions not presuming what they want or might like and taking the time to help them to understand the questions/options". Staff comments included "We work a lot with the Mental Capacity Act. We encourage people to make a decision".

Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, during each person's care needs review, aspects of their care were discussed. Where the person lacked the capacity to make certain decisions, these were discussed and, where applicable, agreed to by their relatives, staff and healthcare professionals. For instance, one person was unable to make the decision to continue receiving certain therapies during their recent review. The benefits of these were discussed with their relatives and amongst staff and healthcare professionals. A best interest decision was then made to enable this person to continue receiving these therapies.

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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications to the local authority. The registered manager had ensured the applications related to the least restrictive ways of keeping people safe whilst promoting their independence. Most people at the service were under constant supervision and were not able to leave the service unescorted in order to keep them safe. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the service and receive care. The majority of these applications were awaiting authorisation.

The environment at Hannahwood Transitions was adapted to meet people's needs. All areas were wheelchair accessible, people's bedrooms and bathrooms had overhead tracking fitted throughout. Kitchen surfaces were low and moveable in order to encourage people to access and interact with all areas of their home. The adult services area also had a computer/office room that people could use and had been adapted to meet their needs.

People were supported to have enough to eat and drink in ways which met their needs and preferences. During our inspection we observed one lunchtime meal and one evening meal in two different bungalows. Meals were organised depending on people's needs, their preferences and their choices. People had varying levels of needs around their meals, with some people only being able to eat specialised meals through a tube, and others being able to eat more varied foods with limited amounts of help. People could eat their meals in their bungalows or out and about when taking part in activities. There was a school kitchen on site



which cooked high quality meals which people could choose to order to be delivered to their homes. One person said "We have breakfast and dinner prepared for us at the bungalow and lunches from the kitchen. The food is nice and is home cooked".

People chose what they ate depending on their moods and preferences. Some people enjoyed going out shopping for their own food with staff support whereas others enjoyed helping order food online for the entire bungalow to be delivered. People participated, where they were able, in devising weekly menus. During our inspection we observed people eating a variety of different foods for their lunch within one bungalow. Staff told us they had asked each person individually what they wanted and had prepared it for them. We saw some people being assisted with their individual diets. We saw staff sitting at people's eye level, talking to them, going at people's own pace and continuously encouraging them and praising them. People were supported to help as much as they could to prepare food and be involved. One person said "They ask 'what do you fancy' and they encourage you to help with meal preparation as much as you can. I give ideas for meals. I'm a keen baker. I help where I can". During our inspection we observed staff supporting this person to help prepare the evening meal for their bungalow. The person smiled and told us with pride what they were helping to prepare.

People's nutrition and hydration needs were explored by speech and language therapists who helped design detailed plans for people. Each person had a personalised table place mat which contained their photograph, information about their needs, their goals relating to food and drink, any special equipment they may need, pictures of the equipment they needed, what assistance was required, detailed guidance on the support needed and their likes and dislikes. This ensured all staff had quick access to people's needs and preferences around food whenever they helped them eat anything.

Prior to our inspection, a person's relative had made a complaint about the types of food they were eating as they did not feel these met their loved one's needs and preferences. The registered manager and staff had reviewed the person's diet and records. They had updated the person's care plan with a personalised diet plan, spoken with the staff team about the issues and had introduced new training for staff to attend. This ensured people's needs were responded to and staff had a thorough understanding about people's individual nutritional needs and preferences.

People who used the service had complex healthcare needs which required high levels of support from staff and specialists within the Trust but also with external healthcare professionals. People were supported by staff to see healthcare professionals such as GPs, specialist nurses, psychologists, district nurses, occupational health practitioners, opticians and dentists. They were also assisted to see a wide range of external healthcare professionals relating to their specific healthcare, mobility and learning disability needs. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. One external healthcare professional said "The young adults look cared for. The records that I need are up to date. Information I need is always to hand. I have no concerns".

## Is the service caring?

### Our findings

Every person, relative and healthcare professional we spoke with told us how impressed they were with the exceptionally caring nature of the staff and their attitudes. They all spoke of the staff with admiration and praised them for the caring ways in which they supported people. Comments from people included "It's almost like going out with your friends. They're lovely, really really lovely". Comments from relatives included "The staff are so caring" and "We are so impressed with the kind, caring, young and vibrant staff".

Throughout our inspection we saw staff being caring and supported people in a person-centred way. Staff were focussed on developing caring relationships with people. For example, supporting people by doing things with them that made the person happy, supporting people to have fun and laugh, and giving each person they supported their full attention. Staff told us their entire role was dedicated to simply ensuring people enjoyed their lives. One member of staff said "My entire job is to do what I can to make [name of person this member of staff was working with]'s day as good as possible. Generally I have achieved that every day. He is the happiest man I know".

The service continually strived to maintain and support this approach. For example the importance of the value of caring and of a person centred culture was reinforced through staff recruitment and staff supervisions. Hannahwood Transitions placed great importance on hiring staff who shared the values of the service and had kind and caring personalities. It also aimed to recruit staff who shared interests with people living at the service. People living at the service were involved in judging if staff had these attributes. Shortlisted candidates were interviewed by a panel of people who lived at the service. People helped to prepare questions for the potential staff members. People were then asked to share their feedback about the applicant with the management who would use this to make their decision. This feedback was recorded in the application process, for example, one person fed back the potential applicant was very friendly, answered all the questions well and maintained eye contact. Another person's feedback stated "[Name of person] was asked if she would be a good candidate and she laughed and smiled". This ensured that all people, whether they were able to verbally communicate or not, were involved in the selection of staff and setting a high criteria for recruitment. The registered manager said "We capture how potential staff behaved with the young adults and ask them for their views. We look for kindness, personality and try to match interest and compatibility".

During supervisions, support staff were measured on their warmth, on being respectful, on enabling people, offering choices, supporting people with decision making and demonstrating an understanding of what was important to individuals.

People had differing ways of communicating and showing their feelings. Staff recognised it was important that these important aspects were recorded in each person's care plan. These contained detailed information about people's moods and how best to recognise these. For example, where one person had a history of depression, staff had recorded how this person demonstrated when they started to have a low mood, how staff were to support them and when to seek further medical advice. When people were feeling low staff had guidance on how to improve their mood, how to help people express their feelings and how to provide people with appropriate comfort.

Staff went the extra mile to support people. For example, they regularly raised money for the "Dreams and Aspirations" fund. This was a fund that supported people to achieve their aspirations, dreams and life goals. Prior to our inspection a number of people had been supported, through this fund, to go on holidays abroad, which their financial status would not have otherwise allowed. People went on cruises, one person went on a trip to Disneyland Paris, some people spent days at the race tracks, experiencing the thrills of fast, expensive sports cars and others had luxurious spa breaks. In addition to the fund, the Trust allocated financial contributions each year to enable people to go away on holiday. This ensured no person's budget limitations stopped them enjoying a yearly trip away of their choosing.

Staff spoke highly of the calibre of the staff teams at the service and their caring natures. Staff comments included "I think the staff are very caring. None of us are doing it for the money, we're doing it because we want to work with our clients and make them happy" and "The atmosphere is so great. We're always so jokey and laughing. We all have enthusiasm and a smile. Everyone is quite outgoing". Staff told us that being caring and kind was a fundamental requirement of their job and was their focus. They said "Dame Hannah wants us to be caring. Our job and our focus is to work with our clients. Our focus is on people enjoying themselves, not on tasks". This helped people feel comfortable and happy around staff who continuously made people smile and laugh.

A strong focus of the person centred care provided was on supporting people to maintain or develop skills, which enabled each person to be as independent as possible. For example, people took turns working in the café making and selling hot drinks and snacks. This involved staff supporting them where necessary and supporting people to develop the skills relating to making drinks, taking money, communicating with customers and getting work experience. Visitors, relatives and other people who used the service regularly used the café. . Every effort had been made to enable every person living at Hannahwood Transitions to participate. Each person's way of communicating had been taken into consideration. For example, pictures of snacks and drinks were used by customers to show the person serving what they wanted..

Each person working in the café received just enough support to help them complete all the tasks associated with this job, including taking orders and taking money and giving change. The till was set up to respond to pictures which matched those used when ordering. Some people used assisted communication technology which did not act as a bar to them working at the café. to order or take orders. During our inspection we ordered a drink from a working at the café who used assistive technology to communicate. In order to achieve this each person's care plan detailed information of every activity or task people could accomplish on their own and how to support them to retain these and to develop more skills.

People felt empowered because they felt they were heard and listened to. Comments included "I've got my voice back. I'm empowered. If I say I want to do something they'll help me", "They empower you and allow you to be as independent as possible. They are always looking for ways for you to improve your skills" and "It is a model in terms of empowerment. It couldn't be any better". People's relatives commented on the outcomes of this focus for people and what positive impacts this way of working was having.

People's skills, abilities, achievements and successes were highlighted and celebrated by staff who understood the importance of this. Staff were highly motivated and told us how they worked hard to continually boost people's self-esteem and praise them for their efforts. What might be considered small achievements, such as making a cake, were celebrated by staff in equal measure to other achievements.

One person was clearly delighted and proud that staff had asked if they could copy their artwork relating to encouraging recycling so they could promote this message throughout the service.

One person living at the service was in a romantic relationship with a person who lived elsewhere. Staff

identified the potential benefits to this person's happiness and their relationship if they could go to their loved one's house and be able to spend long periods of time there. This was not initially possible as both people required specialised mobility equipment. The staff from the service, along with occupational therapists from the service, attended the home of the person's loved one and completed a number of risk assessments and checks on the equipment available in their home. They made sure the person was safely able to use the equipment available at their loved one's house and was therefore able to start using their hoist to move and sit on the sofa together. The person was extremely happy about this and started spending regular days and evenings with their loved one. This enabled the person to experience a more fulfilling love life which met their wishes and needs.

The atmosphere at the service was warm and welcoming. Each interaction we observed between staff and people was kind, caring, respectful and affectionate. Staff knew when people enjoyed physical contact through gentle touch and we observed this being provided warmly. We saw when staff approached people they spontaneously smiled and reached out to them and saw staff members responded warmly to their touch. We observed one person blowing kisses to certain members of staff and showing physical affection towards them. Within each bungalow and within the main building we saw and heard pleasant conversations, laughter and warmth between people and staff. The environment was homely and each bungalow was personalised to match the people who lived there.

Each year the Trust held a prom/ball that people attended. A professional photographer was hired to attend the event and one of the bungalows displayed beautiful photographs of people looking radiant in their special attire. People's bedrooms were highly personalised to match their personalities and interests. When we spoke with one person in their room we commented on the distinctive wallpaper in their room. A staff member told us how they had taken this person to a home décor shop in order to choose wallpaper for their room. They said "He chose this one and it was like he had won the lottery. He loves it". When we had commented on the wallpaper the person beamed with pride and happiness.

Staff treated people with dignity and respect. People were given as much privacy as possible. People's bedrooms were their own personal spaces and staff told us they never entered people's rooms without knocking and getting a response. We observed this being the case. People's care plans clearly detailed the situations in which people could safely be left on their own and for these situations to be encouraged. People's care plans were their own and were kept in their bedrooms. Each time we asked to see a person's care plan a member of staff would ask the person it belonged to if that was alright and would assist them to go and get it and give it to me themselves.

People were encouraged and supported to maintain relationships with their loved ones and to make friends. Each person's care plan detailed what they liked to do socially and how they liked to stay in contact with their friends and family. People were supported to go and see their families with the support of staff, to use specialised technology to make contact with them and to call regularly. One person's care plan we looked at instructed staff to support the person to call their family weekly on their mobile phone and to ensure the conversation was recorded so the person could look at it again and talk about it during the week. One person told us staff supported them to go and stay at their parents' house regularly but that nowadays they struggled to make time for it because they were so busy enjoying their activities and life and Hannahwood Transitions. They said "It's a home from home here. They support me to go to my parents' home whenever I like but I've got so much to do here I'm having to fit my parents in now". People's relatives were encouraged to visit and were free to come anytime. One relative told us they enjoyed visiting their loved on varied days and at varied times as it had given them great confidence in the consistency of the staff and the care their loved one was getting. People's wellbeing based on relationships with friends and loved ones was an area that was explored during each person's annual review. For one person, their most recent

review had picked up that they did not have close friends at the service. Staff spoke with the person and their relative who told them they had previously been very close with two friends from a previous placement. In order to ensure this person's social and emotional needs were met, staff organised for an activity to take place with this person and their two friends from a different service.

## Is the service responsive?

### Our findings

People and staff told us they were confident people at Hannahwood Transitions were receiving the best possible person centred care which met their individual needs. One relative made the following comment "The change in [name of person] is amazing, she is so, so happy. [Name of person] is the person she should always have been".

Hannahwood Transitions supported young adults who were mainly in their 20s. The service tailored itself to its client group and their specific needs. In part it achieved this by modelling the environment on a college or university campus. There was a main building which housed what resembled a large common room at a college or university campus. There was high quality graffiti on the walls, contemporary music playing, a bar, coffee shop area, a seating area, television and computer games. There was also a music room, computer room, art room and sensory room. The main common room was also used for socialising with peers during the day and late into the evenings if people wanted to. This environment was well suited to the young adults who lived at the service and wanted to enjoy a vibrant and youthful life.

People's accommodation was set up in smaller self-contained bungalows a short distance from the common room. Within these bungalows people shared a smaller, more personalised environment with a few members of their peers they developed bonds with. The bungalows were set within the grounds of the Dame Hannah Rogers School. People could use the school amenities such as the school restaurant, the swimming pool and activity rooms. The whole environment of the service was adapted to meet people's physical needs, in that all areas were wheelchair accessible for example. The environment had also been adapted to meet the individual needs of young adults in their 20s who wanted to lead vibrant and youthful lives which reflected their age and interests.

Hannahwood Transitions and The Trust held strong values relating to providing people with disabilities with as many opportunities as possible in order to improve their lives. The Trust had identified a lack of opportunities in relation to the education of young adults with physical and learning disabilities so had worked with the head teacher of the school on site to design a teaching package bespoke to these people's needs. This package was available for people who had either finished the available college courses or who were not accessing them. This enabled people to continue in education, challenge themselves intellectually, learn new skills and improve on existing skills. At the time of our inspection five people were receiving this teaching package. The package was named 'Hannah's Living Learning and Moving on Education Provision' and had been accredited by Asdan Personal Project Programme which was a Curriculum Development Organisation and Awarding Body. People undergoing this package could achieve an award, a certificate or a diploma, depending on the number of credits they completed. This package explored key issues for people living with learning and physical disabilities and enabled people to broaden and inform their adult view on life. For example, people undertook lessons in their rights and responsibilities in the world, democracy, family, the environment and the world of work. People highly enjoyed undertaking this package and had made strong community links through it. For example, they had worked with a local food bank in order to support families and children with little extras at Christmas and Easter. This had been hugely successful and had resulted in press coverage for the learning group and their work.

People's views were sought in relation to activities. People were encouraged to make suggestions for activities and these were reviewed and worked on by the activities coordinator. For example, people had expressed an interest in taking part in a Special Olympics sports group which consisted of people taking part in a variety of sport type activities of their choosing. The activity coordinator had listened and had arranged for people to attend the Special Olympics sports group once a week. People highly enjoyed being able to participate in this activity. They had also added wheelchair basketball sessions and had organised for people to attend ice hockey matches as spectators once a month, because that is what some people said they wanted to do. People's views about activities were also sought through regular feedback. Staff recorded in people's daily notes what they had done during the day and how they had responded to it. For example, where one person had attended a music session staff had recorded the person was "Very happy, dancing and laughing". This enabled staff to regularly review people's activity plans and ensure these met their preferences.

Another way in which Hannahwood Transitions sought feedback in relation to activities was through a private Facebook page. This page had been created on the Facebook website in order to, not only help people and their relatives remain in contact but also to seek relatives' views. People and relatives were asked for their permission before posting any items to this page and only direct relatives of people were allowed to join. This meant that when people attended specific activities, staff would take photographs or videos of the person participating in it. These pictures and videos were uploaded onto the Facebook page and relatives were then able to see what their loved one had been doing that day and could also share their views about these. One person's relative had fed back that they and their family regularly watched their loved one taking parts in activities and thought it was a good way to ensure that parents remained involved. Because of the pictures and videos they had seen of their loved one smiling and laughing whilst taking part in a specific horse riding activity, they were able to better advocate for them to continue this at their recent review.

Staff went above and beyond to ensure people could take part in their activities of their choosing. One person had shown an interest in horse riding. Staff had supported the person to attend horse riding classes and were in the process of working with the person to increase their ability and confidence by using a mechanical horse before moving onto a real horse. In order to ensure this activity was safe for this person and they were being supported appropriately, a physiotherapist and a support worker attended each session with them. This person got great enjoyment out of these sessions and their confidence was growing.

Staff told us activities for people were a priority for The Trust and the registered manager. They told us they were encouraged to think of new activity ideas and use every opportunity to engage people in enjoyable and stimulating pastimes. For example, where one person was not able to physically assist in cooking, staff would play guessing games with them relating to the different ingredients which would go into the meal. This ensured they were still receiving stimulation and being involved wherever and however they could. Staff commented on the number of activities people took part in with comments including "They get out and about and do things all the time", "[Name of person] is out almost every day" and "There's always things going on".

People had access to a wide range of activities which met their social, emotional, physical and intellectual needs. The Trust offered a number of activities on site which people used, and also enabled people to attend a large number of activities in the community. In the main building were a large music room, a sensory room, an art room which was in the process of being expanded into an art room/kitchen for people to access, a bar, a café and a lounge room equipped with video games and a television. Also on site were a hydrotherapy pool and a 'rebound' room. Rebound was an activity whereby people could gently bounce on trampolines to bring about enjoyment and physical stimulation and exercise. Plymouth City College also



attended the site weekly to provide classes to people attending daily living skills courses.

A large number of additional activities which young people tend to find appealing took place on site, including weekly 'lads and girls' nights. One person we spent time with said they would be attending 'lads night' that evening and were very excited about this. These nights consisted of the young adults spending evenings watching films, watching and discussing sports or being pampered. People could choose to attend whichever evening they preferred. These evenings enabled people to spend time with and bond with their peers. These activities were highly popular and people regularly attended these. Other activities included yoga, exercises, dancing and music.

The Trust also had another site a few miles away which provided a number of activities, such as pet therapy, drama club, theatre productions, digital photography and horticulture. This site also provided people with the opportunity to take part in a radio show. One person said of this "I love to do the radio show. It's my passion. They're supporting me to do my own radio show now". People and their relatives were able to listen to these shows which they were very proud of and enjoyed.

During our inspection we also observed a number of people using the sensory room. The registered manager told us how the activity coordinator had worked hard the previous year to raise money to have the room built. They had organised charity events and sponsorships in order to be able to provide this service for people because they understood how valuable and important this facility could be. The room was equipped with all the necessary assistive technology to enable people to use it fully. The room catered for auditory, visual and tactile sensory stimulation. Throughout our inspection we saw people using the room regularly throughout the day and evening. People highly benefited and enjoyed this room.

People, their relatives and staff spoke so highly about the activities people were engaged in. Comments included "They give people as many opportunities as possible", "She always has nice things to do" and "I am doing what I want every day. If I say I want to do something they help me do it". People were enabled to attend whatever activities they wanted in the community, for example, one person told us "I'm involved with different things in the community. I am part of a group of people with disabilities who share ideas and put on shows. This weekend I am going to Cardiff with a carer to see the Dr Who experience. Today I went to the aquarium and I loved it". During our inspection we observed people taking part in a number of activities, including using the music room, working in the café, going for walks, going out shopping, going out to pet therapy, going to hydrotherapy, college and rebound. People also attended a variety of other activities away from The Trust, including dance groups, archery, wheelchair rugby, pony access, karaoke, wheelchair cycling, sailing, going to festivals, going to the theatre, going to concerts, laser tag, bowling and going to the pub.

People who lived in the service had a variety of needs and required varying levels of support relating to their physical health, their learning disabilities, communication and wellbeing. People's individual needs had been thoroughly assessed with input from people and their relatives and from these assessments, care plans had been created for each person. Each person's care plan was regularly reviewed and care review meetings took place. People and their relatives were fully involved in these meetings alongside staff and specialist healthcare professionals. Each aspect of their care was reviewed and their opinions, views and ideas were sought. One person said "I helped devise my care plan and I'm involved every time it needs updating".

People's needs assessments were regularly reviewed and where changes took place staff had responded to these. People's care plans and risk assessments had been updated to reflect these changes. For example, support workers had reported to the occupational therapist and physiotherapist at the service that one



person's legs were getting stiffer at the knee joint. The occupational therapist and the physiotherapist had responded to this by visiting the person and reviewing them together. They had completed an assessment and had referred the person to a specialist to review the person for specialised leg braces. A review of this person's needs and care then took place involving their relatives and the person's records and guidance for staff were updated. The person's next review had shown the specialised braces had a positive impact on their lying position, comfort and their quality of life.

We looked in detail at the care and support plans and other records for five people living at the service. People's care plans contained highly detailed information about their specific needs, personal preferences, preferred routines, personalities, abilities, and how staff should minimise any risks to them. People's care plans evidenced that all areas of people's needs had been considered and planned for, including people's needs with regards to family contact, activities and social needs. Step by step guidance was provided for staff which ensured they fully understood people's needs and helped ensure people were supported in a consistent manner. This was particularly important for a large number of people who lived in the service who had communication challenges. These people couldn't talk and therefore the level of detail was important to ensure staff always followed this consistently for people.

Hannahwood Transitions worked hard to continually improve on involving people and making the service more 'person centred'. A new empowerment project had been started which focussed on gaining people and staff's views and new staff observations sheets had been introduced which sought people's views on staff performance and also sought to assess how staff communicated with people and sought their views. Different methods were being used within this project to develop ideas around empowerment. These included providing all staff with questionnaires asking them what they thought was important to their clients, what was important to them, what ideas they had in order to enrich people's lives, ideas to help breakdown any barriers that may be in place to stop people enjoying their lives and how to make the service more person centred. These topics were also discussed within staff team meetings in order to seek out further ideas. As part of this empowerment project a newsletter was started. This newsletter included a number of sections dedicated to people's individual skills and interests. For example, in a recent newsletter a page had been dedicated to the beautiful photographs taken by one person who lived in the service. There were also sections dedicated to getting to know people better, people discussing their favourite music, telling their favourite jokes and discussing their successes within community activities. This newsletter was shared with people's relatives and brought people pride, empowerment and a greater sense of belonging.

A new 'service user forum' was also being set up and people's views were being sought in all areas of the service, ranging from activity ideas to staff recruitment. A new member of staff had also recently been recruited as a support coordinator and their role was to review people's care plans in order to check these were person centred and improve on them where required. They were meeting with people, relatives and staff in order to review each one. These were in the process of being improved when we inspected. People held their own care plans and these were presented in ways people could understand, such as in picture format.

A complaints policy was in place at the service. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People were able to use picture cards which told staff they had a complaint or a concern and these were then responded to. Where people wanted to they were encouraged to report their concerns directly to the registered manager who listened to people and responded. During our inspection we observed one person asking for a meeting with the registered manager. This was agreed and they later came to see them. The registered manager told us this was a regular occurrence and the person regularly asked for slight changes to their staffing rota or their activity plan and these were organised wherever possible.

Where complaints had been raised, the registered manager and the wider management team had dealt with these. Where people were not satisfied with the outcome of their complaint, the management team continued to work with them in order to reach a satisfactory outcome where possible. Comments from relatives included "They would take my thoughts and feelings into account", "I could say if I wasn't happy. If I ever did find myself having a problem I would be able to say", "We have no problems in raising concerns", "They would be very open to any concerns, everything is out in the open" and "Any queries, concerns or questions are always responded to immediately and kindly".

## Is the service well-led?

### Our findings

People, staff and healthcare professionals gave highly positive feedback about the leadership of the service. Comments from people and relatives included "They are so approachable", "Whenever you want to speak to the management they are there. They are marvellous"; "The manager is a very nice man. He told us everything we need to know. We were very impressed" and "The manager is very approachable, friendly and professional, as are all the staff that we have dealt with".

Strong values underpinned the work carried out at Hannahwood Transitions and the Trust. The Trust's mission statement was "Our mission is to empower, advocate and enrich the lives of children and adults with disabilities". Their core values included "Providing education, training, advocacy, work opportunities, care and other support services for children, young people and adults in need, their families, carers and associated professionals". They told us they achieved this through the constant striving for excellence and improvement, through continually seeking people's views and enabling people to have happy lives filled with activities and skills development.

Every person and relative we spoke with praised the staff team at the service and commented on how well they cared for their loved ones and demonstrated the values of the service. Staff could clearly tell us what their focus was and how this was influenced by the service's core values and mission. When asked about their role staff simply told us they were at work to enable people to have a fantastic day each day. They told us the service wanted them to focus solely on people's happiness and enjoyment of life and that almost every day this was achieved. From feedback we received from people, relatives, healthcare professionals and staff, and from our observations during the inspection, it was clear these values were being displayed in the way people were supported.

The service had developed a warm, positive culture which was person centred and empowering for both people and staff. This was largely due to the leadership of the registered manager, deputy managers and team leaders who received excellent feedback from people and almost all relatives. Staff told us they felt supported by the registered manager, the deputy managers and the team leaders and told us they always made time to speak to them and discuss any issues. Staff we spoke with felt confident that if any issues were raised with the management team these would be addressed to their satisfaction. The registered manager stated "We pride ourselves on being open and transparent". Comments from staff included "The management team are easy to get on with and they do listen. I would definitely feel comfortable raising concerns. They would definitely act", "I feel so supported. If I've got any issue I have no problem in going to speak to them. They are all approachable. I am quite sure they would take it seriously" and "We are expected to raise any issues, we have to, they want that". We reviewed a set of recent team meeting minutes and these included the following comments from staff: "[Name of staff member] explained that he has never worked in an organisation where they had such a supportive management team who they can approach if they need to discuss anything. [Name of staff member] explained that he has never experienced a time where he felt that he couldn't approach the management team".

A few months prior to our inspection, a complaint had been made which had included comments about the

registered manager's performance and behaviours. The registered manager had shared this complaint with the senior management team who had organised for all staff to attend a meeting for them to express any concerns they may have generally about the service and the management. The CEO then held a number of open door sessions over a period of weeks in order to provide staff with the opportunity to feed back any potential concerns they may have about the registered manager's practice. A number of staff members took the opportunity to meet with the CEO and discuss issues but none of these related to the behaviours or performance of the registered manager. This demonstrated the management team's willingness to investigate any complaints, seek views from staff and improve wherever possible.

The registered manager and the provider worked hard to develop and empower their staff team by acknowledging their talents and achievement. They understood the importance of valuing and investing in their staff. The registered manager spoke to us about their staff team with pride and admiration. Where positive feedback had been received either from a person, a relative, a healthcare professional or another member of staff, this was fed back to the individual member of staff. Staff and internal healthcare professionals were encouraged to provide feedback where they identified good practice or kind and caring behaviours. We saw examples of letters having been written praising certain members of staff for their performance, their behaviours and how they had made people feel by going above and beyond. This demonstrated staff and internal healthcare professionals also placed importance on acknowledging achievements and recognising outstanding practice. This message had come from the leadership of the service and had been understood and implemented by the rest of the staff team. Recently the registered manager had introduced a nominations system for good staff performance in order to be able to reward staff, in the form of a £25 voucher, where positive feedback was received.

The service also had a strong focus on investing in staff and encouraging them to develop in their careers. Staff were provided with and encouraged to undertake further training in areas which interested them. This included career development courses and training in order to either take on more responsibilities and management roles or become trained healthcare specialists. Some previous staff had been supported to become engineering technicians and physiotherapy assistants. One member of staff told us they had shown an interest in learning more about certain therapies and this was being organised for them. This demonstrated the importance The Trust placed on valuing staff and investing in staff development. This helped ensure each staff member was able to reach and sustain excellent standards of care for people and also ensured people who lived in the service were supported by staff who were continually enabled to learn, progress and specialise in order to help them in their daily lives.

The registered manager told us they regularly sought people's views in order to gain their feedback and their ideas in the hope of providing an even better service. Relatives were asked for their feedback during every review of their loved one's care and this was acted on when required. Relatives' coffee mornings had recently been introduced in order to encourage communication and sharing of information. Most relatives we spoke with told us they felt encouraged and enabled to raise any concerns and felt confident these would be handled promptly and appropriately. One relative told us "We came down to attend [name of loved one]'s review last week and were asked for our thoughts and views. They don't give up on young people. They're amazing".

Young adults meetings took place regularly during which people were asked for their views on topics such as bungalow décor, staffing, activities and meals. Where issues were raised action was taken, for example, during a recent meeting two people complained about a recent meal having been ordered from the school restaurant not coming with poppadums, as had been advertised. These concerns had been recorded and had been fed back to the restaurant in order to minimise the chances of this happening again. One person said "We have residents meetings and they encourage us to share views. They won't make a decision

without you". A new 'service user forum' had been introduced and people were encouraged to join in and attend regular meetings. This forum had been advertised in the newsletter and on notice boards. These adverts were written in letter and picture format in order to attract as many people as possible.

Regular staff meetings took place, both within the individual bungalows and in larger staff teams. Staff were asked to share their views, come up with ideas and express any concerns they may have. Any issues raised were acted on. For example, staff had recently raised concerns about the mobile phones available to take out when accompanying people on outings, activities or appointments did not always have credit on them. This issue was looked into and new procedures and safeguards were implemented to ensure this did not happen again. A staff forum had also recently been set up in order to seek more staff views. This forum had been advertised in the newsletter and stated "Sometimes staff have some great ideas and suggestions about how we can develop or improve as a Trust, and we want to involve you more in such things as your opinions are important to us".

The service had developed strong links with the local community and was continually striving to find new ways of enabling people to integrate into the wider community, find new opportunities and influence the views of the public on disabilities. The Trust worked hard to be open and accessible to the public through the use of local charity shops and hosting events open to the public, such as comedy nights, theatre productions and a recent 'Harry Potter experience'. Hannahwood Transitions also organised and hosted fun day events which were open to the public. The vision of The Trust was for the general public to increase their knowledge and understanding of physical and learning disabilities so that there were no barriers between people and a deeper cultural acceptance. With this in mind the Trust strived to increase awareness, promote research and fund new teaching programmes they were looking to have officially accredited.

The service was always looking for new ways to increase people's skills and enjoyment through connections with local businesses and community projects. A recent project Hannahwood Transitions had signed up to involved a large supermarket chain donating food to the service that was going to be used as part of cooking classes, work experience, cooking activities, producing cakes for the café and future bake sales and open days.

People benefited from a high standard of care because Hannahwood Transitions had systems in place to assess, monitor and improve the quality of the safety of the care and support at the service. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. The quality assurance system involved a number of people, including the senior management team, the registered manager, deputy managers and team leaders undertaking regular checks and audits. From these audits and checks action plans were created and action was taken by the registered manager or staff to improve any areas requiring improvement. This ensured issues were quickly identified, acted on and the risk of the reoccurring were minimised.

The Trust provided a number of services for people with learning disabilities and any learning from any of these other services were shared amongst the others in order to improve standards. For example, where one service had experienced a recent near miss in relation to medicines, this had been discussed during a managers' meeting. New processes, checks and training had been introduced at all services, including Hannahwood Transitions, in order to ensure any near miss of this nature would not be repeated and the risks were minimised.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. People's records were well maintained, secure and up to date.

