Care Opportunities Ltd

Care Opportunities Supported Living

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This inspection was announced and took place on the 14, 16 and 20 December 2016.

Care Opportunities Supported Living provides care and support for individuals with learning and physical disabilities living in their own homes. At the time of the inspection the service was supporting 12 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff and the management team had an excellent understanding of managing risks and were supporting people to reach their full potential. Staff and the management also helped people to overcome difficulties resulting from people's past experience and anxieties. People felt safe in the service and staff had a very clear understanding of their responsibilities in relation to abuse. The provider's whistleblowing policy protected staff to make disclosures about poor staff conduct or practice, and staff confirmed the manager would take responsive action if they reported such problems.

People had their medicines managed safely, and received their medicines in a way they chose and as prescribed.

The provider had effective recruitment and selection procedures in place and carried out relevant checks when they employed staff to help ensure staff were suitable to work with vulnerable people.

People's rights were recognised, respected and promoted. Staff had a good understanding of the Mental Capacity Act 2005 and we saw people's consent was sought routinely. Staff were knowledgeable about the rights of people to make their own choices. This was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

The provider and the registered manager were highly committed to encouraging staff to participate in training to develop their skills. Staff were provided with a range of training opportunities. The registered manager used creative, proactive and innovative ways of enhancing the skills of staff. This enabled staff to apply their learning in their practice. Knowledge tests were created with respect to people's support needs and used to consistently check the staff members' knowledge. This helped to ensure staff delivered, personalised, quality care.

Staff told us they felt supported by the management and received supervision and appraisals, which helped to identify their training and development needs.

People's health and well-being needs were monitored. The registered manager and staff responded

promptly to any concerns in relation to people's health and were knowledgeable about people's medical history. Staff always accompanied people to hospital appointments and visited them in hospital. People were supported to maintain a healthy, active lifestyle. Clear, easy-to-read plans were designed to help people manage health conditions that needed monitoring. Health and social care professionals were involved in people's support when needed and their advice was included in the care provided. Staff worked together with community professionals to prepare people for health care checks.

The interactions we observed between people and staff were positive. We heard and saw people laughing and smiling. People looked comfortable, relaxed and happy in their home and in the company of other people they lived with.

The difference the service was making to people's lives was apparent. Some of the people had previously displayed anxious behaviour or had been emotionally disturbed which had led to restrictive lifestyles. However, the service now supported them in a more positive way. People needed consistent support to make them feel secure and understood, to manage their behaviours and to make their needs known. During the inspection we observed people receiving this. The warmth of the relationships with each other and with staff, and the opportunities for new experiences enabled people to make positive progress.

The service provided excellent care and support to people enabling them to live fulfilled and meaningful lives. Activities and people's daily routines were personalised and tailored to people's particular choices and interests. People were supported to develop their skills and pursue their hobbies and interests. People benefited from consistent support, good teamwork of staff, good planning and delivery of person-centred care. For example, the service had managed to reduce one person's anxiety levels and built up their confidence so that the person was able to travel to another country by plane. It was something this person had not been able to consider and cope with before. The person spoke excitedly about their forthcoming holiday and staff talked enthusiastically about the planning, preparations and the reasons why the person had chosen their destination.

People were able to express their opinions and were encouraged and supported to have their voice heard. People were fully involved in planning and reviewing their care and support needs.
There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible to everyone.

There was a positive culture within the service, the management team provided strong leadership and led by example. The registered manager promoted values of high quality, person-centred care and had clear visions of how they wished the service to be provided. The manager's enthusiasm helped to make the whole staff share these values. Individualised care was central to the home's philosophy and staff demonstrated they understood and practiced this by talking to us about how they met people's care and support needs.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service and other agencies. Learning from incidents and feedback were used to help drive continuous improvement.

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.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities to protect people.

People were supported to take positive risks and to try out different experiences in the least restrictive way possible whilst being protected from avoidable harm.

Medicines were administered safely.

Is the service effective?

Outstanding

The service was outstanding in ensuring people received effective care and support.

Staff knew people's specific needs as innovative testing methods were used to ensure training was relevant and understood to the highest degree.

Staff received regular supervision and an annual appraisal which identified on-going training needs and development.

Staff understood and recognised people's changing health needs and sought healthcare advice and support for people whenever required.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

Is the service caring?

Good

The service was caring.

We saw that people were comfortable in the presence of staff and had developed caring relationships. People and relatives were very positive about the staff and said they were treated with kindness and respect.

People had the support they needed to help them make

decisions and have a good quality lifestyle.

Staff promoted people's independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Outstanding ☆

The responsiveness of the service was outstanding.

People received individualised and personalised care which had been discussed and planned with them. Staff had a thorough understanding of how people wanted to be supported.

Staff instilled confidence and trust in people so they were able to participate in certain types of activities for the first time and were able to try new experiences and have more freedom.

People's views and opinions were sought and listened to. Appropriate communication methods were used to ensure people could express their wishes.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place in suitable formats.

Is the service well-led?

Good

The service was well-led.

People and their families told us they thought the service was very well led.

There was an open and transparent culture and the manager and staff welcomed the views of people and their families.

There were systems in place to monitor the quality of the service provided and to promote best practice.

Care Opportunities Supported Living

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 16 and 20 December 2016 and was announced. The provider was given 48 hours' notice because the location provides supported living services and we needed to contact people, members of staff and managers in person. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is information about important events which the provider is required to send us by law. We contacted local authority commissioners and healthcare professionals that had contact with the service to obtain their views about the service.

During the inspection we spoke with five people, two relatives, four members of staff, a behavioural specialist, and the registered manager. We reviewed four people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

People were happy and relaxed in the company of staff. People told us they felt safe with the service provider. One person said, "I feel definitely safe here". Another person said, "I do feel safe. I can look after myself and staff always help me with this".

People sometimes experienced behaviour that could detrimentally affect them and others around them. This was likely to occur unless people were provided with carefully planned support. Some people had previously had experiences which had made them feel unsafe and their lifestyles had been restricted. Staff understood this and supported people to maintain their feeling of wellbeing so that they felt safe. For example, having been restricted from accessing local shops and public transport, one person was now able to use public transport and go out every day. One person's relative told us, "My daughter's needs are very complex and the handover and risk assessment done could never have explored this completely. Care Opportunities have adapted to reality vs what was expected and have done well with handling unexpected difficulties and entrenched behaviours". As a result, the person was able to use public transport to make a home visit for the first time in 20 years.

People's care records included risk assessments which identified risks in relation to their health, independence and wellbeing. The risk assessments were regularly reviewed, updated and incorporated into care plans. They were comprehensive and individualised, focused on particular situations, environments, activities and emotional needs. For example, the care plans and risk assessments covered topics such as using public transport, hoarding and taking part in outdoor activities. With the help of a clinical team, people were supported to take positive risks which helped them to lead safer and less restricted life.

The service used innovative ways to keep people safe and manage risks while making sure people led full and meaningful life. For example, one person was supported with the use of prompt cards. This prevented an increase in the severity of the person's behaviour that tended to be challenging. Staff had been taught to use a series of visual prompt cards showing pictorial representations of feelings and emotions. They had also learnt calming techniques matching the pictures, so they were able to respond appropriately to any escalation in the person's behaviour. This resulted in a reduced number of incidents and provided the person with reassurance, allowing them to learn how to address their own emotions.

There was a safeguarding policy and procedures in place which provided guidance to staff on how to raise the concern. Staff knew about the policy and where to report concerns if these were not dealt with in line with the provider's policy. Staff had received training in safeguarding to protect people from abuse and training records confirmed this. Staff were able to describe what may constitute abuse and the signs to look out for. All of the staff we spoke with told us that any concerns were discussed with the management team as soon as it arose.

Recruitment procedures were thorough to make sure that staff were suitable to work with vulnerable people. Checks were completed to make sure staff were honest, trustworthy and reliable. This included completing an application form, evidence of a Disclosure and Barring Service (DBS) check having been

undertaken, proof of the person's identity and references from previous employments. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were sufficient staff with suitable skills and knowledge to meet people's needs. The number of staff required to meet people's needs was kept under constant review. A high level of staff was provided to support people's health needs and their lifestyles. Staffing levels were flexible so that people had the opportunity to go out when they wanted and try new experiences. We saw evidence that staffing levels had been increased to enable staff to accompany people to hospital appointments and visit them in hospital.

People using the service were confident that their medicines were organised and administered in a safe, competent manner. People received their medicine on time and staff were knowledgeable about people's prescribed medicines. There were protocols in place for the administration of medicines that were prescribed on an 'as required' basis (PRN). Staff responsible for administering and disposing of medicines undertook training and competence checks to ensure they remained competent to deal with medicines. We saw that medicines were stored securely and there were no omissions in medication administration records (MAR).

All incidents were closely monitored and analysed. Reports of incidents gave a clear and detailed account of what had happened and a description of any injuries. The reports also specified who the incident had been discussed with and what actions needed to be taken to prevent further occurrences. The registered manager told us they made sure the person was given opportunity to reflect on what had happened and voice any concerns. These concerns were then carefully considered while analysing the event. As a result of accidents and incidents analysis, people were referred to appropriate specialist services. For example, people were referred to a GP or a specialist nurse. Safety issues associated with a particular incident were discussed at supervision and staff meetings.

All staff were trained in the use of a recognised system for supporting the people to manage their behaviour when necessary. People's behavioural support plans identified the appropriate approaches for each person. We saw that all behavioural incidents were recorded, monitored and
analysed by the provider's clinical team in order to manage future risk to people.

Each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely moved away from danger in the event of an emergency.

The service had a business continuity plan in the event of a significant incident such as a power failure, flood or fire.

Outstanding ☆

Is the service effective?

Our findings

People and their relatives spoke highly of staff saying that they were skilled and knowledgeable. One person told us, "They are really nice people. They know how to support me". Another person admitted, "I like it here. I get on really well with staff, they know my needs". One of the relatives said, "I have visited her house twice and the staff are professional, relaxed, helpful and in control".

People were assisted by support workers who received a thorough and effective induction into their role. All new staff had undertaken induction training which had included the completion of mandatory training in relevant areas, and completed a probationary period. A member of staff told us, "I did a whole week of training on my induction. It was brilliant and helped me to understand my job". Newly employed staff members shadowed more experienced staff for up to three months and had their competencies assessed. A member of staff told us, "The induction was really good. It was chilled and relaxed. They made me feel welcome and I was shadowing another member of staff for three months".

Support workers had undergone training in areas such as dealing with behaviours that challenge staff, learning disabilities, communicating effectively, strategies for dealing with crisis behaviour intervention and prevention, and safeguarding. This enabled staff to conduct their role effectively. Further training was also available for support workers in various forms and areas, such as end of life care and completing national care qualifications. A member of staff told us, "We are provided with on-going training. You are always encouraged to ask about specific training you may be interested in during the monthly supervision".

To meet the needs of people and their relatives, the service had arranged training for the behavioural specialist to become a Makaton Local Tutor. The Makaton Local Tutor is usually someone with considerable practical experience of using Makaton within a specific environment, or with a specific group of people. A Makaton Local Tutor can deliver training for parents and carers. They also act as co-ordinators, identifying need and advising on appropriate use of Makaton.

Staff used a range of creative methods to communicate with people. For example, staff used communication boards and specialist software to write social stories for one person. This way staff were able to communicate and explain to people what was going to happen in various situations or events such as going shopping or visiting the zoo or the seaside. This helped the person to reduce their potential anxieties or distress.

The manager had helped to develop a learning environment for staff by appointing champions. Staff were appointed to lead on and be a point of reference for other staff in specialist areas such as safeguarding, dignity and respect, health and safety, and equality and diversity. Champions provided the registered manager with monthly reports. Any areas of concerns were acted upon with immediate effect and outcomes were discussed at Corporate Governance meetings.

The service had an innovative, creative and well documented approach to staff learning and development. Staff's knowledge of people and their ability to perform their role safely and effectively was subject to

continual monitoring and review. This monitoring took place by the use of support plan knowledge questionnaires and observations of staff carried out by the home's clinical team. The support plan knowledge questionnaires were completed to ensure staff's knowledge on people they assisted remained consistent and up-to-date. This included staff's awareness of people's situations and any environment triggers which could cause people to exhibit challenging behaviour. The results of the support plan knowledge questionnaires were linked to staff supervision records and discussed during supervision meetings. A member of staff told us, "The support plan knowledge tests are a very good idea. You have to learn how to meet person's needs, how to respect their routine and choices".

In another example, the provider assessed staff knowledge of the support people required, as documented in their care plans. Questions in the quizzes were specific to each person and around topics such as what triggers could cause people to exhibit behaviour that might challenge, or what staff should do if people were exhibiting signs of anxiety. The quiz results were analysed by the clinical team and fedback to the registered manager to enable them to discuss the results during weekly team meetings. Where staff lacked knowledge about people's specific support needs the registered manager explored with staff what their thoughts were and explained clearly what support people should receive. The effectiveness of these quizzes and the communication with staff was assessed by repeating the quizzes at a later date to identify if staff knowledge had improved. We saw evidence that the communication with staff significantly improved their knowledge of people's individual support needs.

Provided with proper insight into people's specific needs, staff knew how to interact with people on a level which was appropriate to people's individual needs. The support plan knowledge questionnaire was an innovative way to identify specific areas of support which may be inconsistent and improve these to give people a better quality of life. Staff were able to evidence that they knew the people they supported in great detail. Staff also had a thorough knowledge of the guidance which had been provided to them so that they were prepared to meet people's needs effectively. As a result, a relevant approach could be adopted to deal with people who had previously displayed high levels of anxiety or behaviour that may be seen as challenging to themselves or others. For example, one person had been unable to access the local community and the police had had to intervene in the past as the person had posed a risk to themselves and others. Now, due to the constant support from staff and the clinical team, the person was ready and allowed to access the community safely.

Records showed that staff received regular supervision sessions. Staff confirmed this while talking with us. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw records confirming that staff had received annual appraisals of their individual performance and had an opportunity to review their personal development and progress. A member of staff told us, "I have my supervision meetings on a monthly basis. It definitely helps us in our job. If we have done something really well, they praise us and give us feedback but they also tell us about the things we need to improve on".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People's human rights were protected as the registered manager had ensured that the principles of the MCA were followed within the service. The registered manager and staff had a thorough understanding of the

MCA, including the nature and types of consent. One staff member said, "It's about the person's ability to make decision. You can't presume that because of the learning disability they are unable to make decision".

Staff were able to explain to us how they enabled two-way communication with people, particularly for people who could not fully verbalise their views. People with limited verbal communication were supported by staff who skilfully used pictures, objects of references or body language.

Healthy eating was promoted by staff and people were supported to have a balanced diet. Staff monitored and supported people with their fluid intake. The menus were varied and included fresh vegetables and fruit. One person described to us how they were supported by the service to keep up their diet. The person proudly showed us their photos from now and from the day they had started using the service. They told us, "I got support from staff and I lost so much weight. I look so much better and this gives me more confidence in my life. It also gives me more energy and I'm more active than before I started living here".

The provider went the extra mile to support people and educate them about the importance of a healthy and individualised diet. The service organised 'Healthy Eating' group sessions designed by the provider to educate people and promote the idea of a balanced diet. These sessions informed people about the main food groups and advised people on the best possible ratio of the types of foods comprising people's diet. Group sessions also included cooking healthier alternatives to people's preferred dishes, which combined promoting people's independence in maintaining a balanced diet with enabling them to enjoy social experiences while interacting in preparing meals. One person described to us how they were supported by the service to follow their diet. The person proudly showed us their photos from now and from the day they had started using the service. They told us, "I got support from staff and I lost so much weight. I look so much better and this gives me more confidence in my life. It also gives me more energy and I'm more active than before I started living here".

Records showed that people's day to day health needs were being met. People told us they saw their GP and other health professionals such as a learning disability nurse or an epilepsy nurse. One person said, "They would call a doctor if I was unwell". Each person had a copy of their annual health plan which was in a pictorial and easy-to-read format. This document contained information about the health professional's people had seen, the outcome of these appointments and any follow-up treatment required. Staff were diligent in ensuring people were supported to attend appointments and that after-care was followed up. For example, one person had been referred to the GP and diagnosed with specific condition. The service had also liaised with a dietician who had recommended a special diet and regular exercises to manage the condition. The service had provided the person with an easy-to-read leaflet about the specific condition and food alternatives they may eat. They also encouraged the person to go to a gym. As a result, the person had begun to enjoy gym exercises, followed advice of their own personal trainer and their condition had significantly improved. The person told us, "They helped me with my diet. It's working OK so soon I will be able to come off the medicines. They also helped me to give up smoking".

The service was closely monitoring all aspects of people's health. Any changes in people's health or behaviour were recorded and people were referred to health care professionals, for example to their GP or psychiatric services. Where changes in people's behaviour required additional training for staff, this was immediately provided. For example, staff had been provided with dementia training using the so-called 'Supporting Derek' training pack. 'Supporting Derek' training pack was published by the Joseph Rowntree Foundation in partnership with the University of Edinburgh, and is aimed at staff supporting people with learning difficulties who develop dementia.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were extremely kind, patient and caring. One person said, "I love it here. I don't feel lonely anymore. There are always people I can talk to when I'm worried. I get on well with the staff. They are all really friendly". Another person told us, "Staff work very hard, look after you and take you out every day. I'm really happy to be here". One of the relatives commented on the atmosphere of the service, "Staff are always friendly and you feel always welcomed".

People were treated with respect and their dignity was preserved at all times. Staff displayed patience and a caring attitude throughout our visit. We heard them ask people quietly whether they felt comfortable, needed a drink or required any assistance. A member of staff told us, "Support plans give you all information about the way you treat people with respect. About the way you go into their rooms, about the way you talk and apologise to people. It's their house and we have to remember about that". Staff we spoke with told us they enjoyed supporting the people living there and were knowledgeable about people's needs, preferences and personal circumstances. This showed that staff had developed positive, caring relationships with the people who lived there.

People's diversity was respected as part of the strong culture of individualised care. Support plans and behaviour support programmes gave detailed descriptions of people. Each person was provided with activities, food and a lifestyle that respected and suited their choices and preferences. The care plans included each person's history, their religion, what they preferred and enjoyed and how they expressed themselves. For example, one person enjoyed bathing as long as the water remained at a certain temperature. Another person enjoyed reading science fiction books and listening to audio books. Staff were aware of people's hobbies and preferences.

Staff supported and empowered people to voice their opinions. We saw that while communicating with people, staff waited patiently for them to respond, in some cases asking a person to repeat what they had expressed to avoid any misunderstanding. Staff clearly explained options which were available to people and encouraged them to make their own decisions. One person gave us the following example, "I make decision on what to wear, eat, drink and what activity I would like to participate in". Another person told us, "It's my choice to pick up the activities I like, food I like, to buy or clothes I would like to wear".

One person was supported to maintain their independence by facilitating their self-administration of medicines. The service provided the person with an automatic pill dispenser that alarmed the person each time they needed to take their medicines. This means that the service actively sought for new technologies to safely empower individuals.

People and their relatives were involved in making decisions about people's end-of-life care, and their preferences were documented in detail. Each person had a plan for their end of life care which documented how they wished to be supported at that time. People's preferences regarding burial or cremation, music to be played at their funeral or verses from the Bible to be read were recorded by provider's behaviour specialist. Due to the sensitive nature of completing end-of-life care plans, all meetings with a person and

their relatives were conducted by the provider's clinical psychologist and the provider's behaviour specialist. Some meetings had entailed travelling to the home of a person's family's, and on one occasion, accompanying a person.

Staff were aware of their responsibilities relating to confidentiality and preserving people's personal information. Staff understood their legal duty to protect personal information they may encounter during the course of their work. Staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis and with people's consent.

Outstanding ☆

Is the service responsive?

Our findings

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. The staff continuously reflected on their own practice evaluating how each person had responded to and felt about the care provided. This was evidenced through regular reviews of individual care, discussion at staff handover and changes made in each person's care plan. There was evidence that the work at the service had made a difference in people's lives and positive changes had taken place. For example, one person who had been unable to access the community in the past due to their behavioural difficulties had progressed and enjoyed activities which included shopping, eating out and going to the cinema.

In another example, staff told us, "One of the people came to our service incontinent in a wheelchair. Now he walks independently and goes independently to the toilet". We checked the records which confirmed the huge progress the person had made since they had moved to the service. The support plan developed by clinical team provided step by step instructions on how this was to be achieved. It provided guidance for staff on how to best assist this person so they regained their sense of independence. We could see that the person was walking independently during the inspection. This showed that staff were committed to maintaining and enhancing the skills of the people they were supporting.

People and their relatives confirmed that the service was outstanding in their response to their needs. One of the relatives told us, "My daughter has successfully moved accommodation, changed to a different support environment and returned to full time education with support and oversight from Care Opportunities. I see the change as being very positive for her and the quality of the service being high in terms of meeting her needs and supporting her well-being". In another example, a person was supported by the provider's clinical team through the bereavement process after the death of their relatives.

Some people had experienced breakdowns in their previous homes and had not made much positive progress in previous services. The support they received from the Care Opportunities staff team was tailored to their individual needs. Staff worked extremely hard to get to know people and understand what was important to them. People were given opportunities to live full and meaningful lives.

An assessment of people's needs and preferences was completed which enabled staff to get to know people and identify the ways in which people wanted to be supported. The assessments were ongoing in response to people's changing needs. Each person had a care plan that was designed and based on the initial assessment carried out by the registered manager and other professionals.

The care plans were created, documented and reviewed using Makaton symbols to enable people to feel empowered and their thoughts valued. Each care plan was individualised, with comprehensive information about people's preferred routines and what was important to them. Some people required more structured and supportive routines, and these were also detailed with clear boundaries and guidance for staff on how to meet people's needs. For example, some people required consistent support in order to manage their behaviour and treat other people with respect. There were behavioural support plans in place which staff

told us enabled them to reinforce and sustain positive behaviour. A member of staff told us, "We use different types of behavioural support. For example, 'negative glasses' when we guide the person to find positives in what they may see as a negative thing or negative occurrence. This has got a calming down effect on the service user it was designed for".

Information was provided to people in a way that met their communication needs. Information was explained to people in a variety of ways which gave them the best opportunity to understand it. These included pictures of reference, photographs and symbols.

People living at the service had experienced situations in their lives where they had expressed their feelings through aggression and agitation. The provider wanted to ensure that people were given opportunities to express their feelings positively and to feel safe doing so. Staff and the behavioural specialist had developed plans to proactively ensure people were given the support they needed before their behaviour became challenging or they became mentally unwell. Staff monitored people's needs and incidents each day and used this information to plan people's further care. This approach helped people feel safe and express themselves in a positive way. The incidents and changes in people's behaviour were discussed during weekly therapeutic team meetings. As a result of these meetings, new approaches of psychological support were discussed and people were referred to the external professionals. For example, when one person had refused to participate in the anxiety management group, the clinical team had offered sessions on a one-to-one basis. This gave the person opportunity to discuss their concerns. This approach prevented deterioration in the person's behaviour and gave them opportunity to improve their self-esteem. The person received encouragement to express their feelings positively. In another example, a person who had also suffered from high anxiety levels was now supported to 'let off steam'. A range of psychological interventions helped the person to calm down, to learn to respect other people and reflect on their own behaviour.

Staff were innovative and came up with new ideas to support people. People told us they had been involved in setting goals for themselves. For example, one person had expressed their desire to go to a country of the origin of one of their parents. The same person was a keen supporter of one of the football clubs. The person had been offered a set of goals to achieve: they could either go to the country they wanted to visit and attend a football match of their favourite football club. The person was asked which goal they would like to achieve first. Staff had known that the person could become anxious with unfamiliar situations. With the assistance of behavioural specialist, they had developed plans for each of the choices. If the person had chosen to go to the football match, they would have been supported to have a tour around the stadium first. This would have enabled them to make themselves familiar with the place and prepare for the atmosphere of a football match. However, the person had chosen to go the country where one of their parents had been born. The service had taken a very innovative method to build up the person's confidence, make them familiar with the experience of a flight and reduce their anxiety levels. First, the person had used a flight simulator to get accustomed to the idea of being in a plane high above the ground. Then the person had enjoyed a short flight within the UK to get some experience of a real flight which was impossible to be substituted with the flight simulator. The person had built up their confidence and was now ready for a longer flight. The person had decided to go to their chosen country in the next summer holiday. They told us, "The next year I'm going on the plane to [foreign country]. I want to see my dad's country; I want to see what it's like to be there. This was always my dream to go there and now I'm ready to do this".

The service went the extra mile to meet the people's needs. One person's dream was to see their favourite football club playing live at their home stadium. Following consultation with the behavioural specialist, the person and their parents, a positive reinforcement programme had been introduced which helped the person successfully reduce the frequency of their behavioural incidents. For example, the person had been involved in the planning of their trip, namely choosing the route, checking train times or finding places

where to eat. It had been agreed that the person needed to be accompanied by the behavioural psychologist during the trip and while at the football match they wanted to watch at the stadium. The provider had covered all the ticket expenses. Following their plan, the person had achieved their dream. What is more, the trip had turned out so successful that the person had attended another three games at the Emirates stadium.

The arrangements for social activities met people's individual needs. The service used daily planners to provide structure, reduce people's anxiety levels and give individuals a chance to express their emotions in a safe way. People were actively encouraged and supported to complete the daily planners. This meant the service promoted people's choice and empowerment. Staff with people had created individual plans of social activities for each person and the plans reflected people's assessed needs. For example, where assessments had identified a need for behavioural support input, this was planned for the person. People's interests and hobbies were also reflected in the plans. People accessed the community whenever they needed. There was information about activities on display in the communal areas and in some people's rooms. The variety of person-centred daily programmes that each person was enjoying demonstrated that their individual needs and choices were uppermost in the staff team's minds.

The service also excelled in providing people with individualised garden patches, enabling each person to design one of the areas of the garden based to suit their taste and interests. For example, one person had chosen to have a vegetable patch in their section, so that they could grow vegetables and use them to make their meals healthier. This meant that people could pursue their hobbies by learning how to independently grow plants and vegetables. The service also helped people to reduce their anxieties by providing their homes with individualised equipment and sensory objects. Furthermore, the service paid for one person to have a sport channel on their TV after they had expressed their interest in watching live sport. Unfortunately, they were unable to afford it themselves. It was the service that enabled the person to watch the programmes they liked, satisfying the person needs.

The registered manager and staff supported people to develop friendships and relationships, and to maintain contact with people who mattered to them. Relatives said they always felt welcome when they visited people. One person's relative told us, "I always feel welcome when I visit [name]".

People were actively encouraged to express their views about the service and were given clear information about how to make a complaint. There was a complaints policy with an easy-to-read version. People told us they knew how to complain but they had no reason to complain at all. Family members we spoke to said that they had not complained but felt confident that their complaints would be handled appropriately. There had been one concern raised with the home last year, which had been investigated and resolved.

Good

Is the service well-led?

Our findings

People and their relatives were very complimentary about the service. One person told us, "I like it here and I prefer being here. Previously I lived in [city] and things did not work out for me. It's very different here. The manager is approachable and they are listening to me". Another person said, "It's a really good place. I like living here". One of the relatives commented on the home, "It's a well-managed service and the manager and staff are lovely".

The registered manager promoted a supportive service which was open, caring and completely person-centred. This meant people were placed at the centre of everything that happened at the home. The registered manager was clear that the service was supporting people in their own homes and staff must respect that and involve people in every part of their home life. For example, at a recent tenants meeting people had been encouraged to be involved in making choices about such aspects of their care as choosing their food, activities, things they would like to buy or clothes they would like to wear. People who lived at the service, their relatives and staff were actively encouraged to be involved in developing the service. Tenants meetings were held on a monthly basis and the meeting records were produced in an easy-to-read format. One person told us, "We discuss things like activities, birthdays and holidays. We are encouraged to express our opinion, to raise our voice". We looked at the minutes from the most recent meeting. The agenda included the following topics: bullying and respecting others, fire alarm tests, Christmas games, food waste and choices of care.

In line with provider's philosophy, support was provided through person-centred approaches and planning, with the involvement of people themselves. The vision and values of the provider were incorporated into the staff induction training.Care and support were tailored to each person's needs and were comprehensive, dealing with all major aspects of a person's life. The factors taken into account for planning people's care and support included social, educational, behavioural, psychological, financial, recreational and leisure aspects of people's lives. Each person was supported with a unique staffing level that is based on their needs.

Team meetings were organised in a way that allowed all staff to attend: staff members took turns to support people while the other staff were at the meeting. Staff said this worked well and they were able to fully participate in the meeting and have their say which they appreciated. Staff said they could reflect on any difficulties they had experienced. Staff also told us the registered manager, the deputy manager and other members of the team supported them if things went wrong. Recent meetings included topics such as health and safety checks, people's budget plans, record keeping and encouraging people to be more independent.

Records were completed to monitor people's development and progress, so that staff could see what worked well and what needed to be improved in the way they supported people. Incidents of behaviour that had limited people or upset them were recorded onto a graph so it was easy to see where incidents had increased or decreased and what may have been the causes. Information was monitored and used to evaluate the effectiveness of the service for each person and all information was kept confidentially. Daily logs were completed for each person and contained information about people's activities and wellbeing.

The provider had a system in place to monitor the quality of the service people received. This included monthly and quarterly audits which covered areas such as medicines, health and safety or results of the support plan knowledge questionnaires. The audits showed that the service used the information they gathered to improve and enhance the quality of care people received. For example, a recent survey had revealed that people mostly preferred visual methods of communication. As a result, relevant training in the use of communication tools had been provided to all staff.

The provider went the extra mile in monitoring the quality of staff support. They organised peer group meetings where staff could discuss their issues with the nominated individual. The nominated individual is a person who carries the responsibility for supervising the management of the carrying on of the regulated activity. The nominated individual provided the registered manager with anonymous feedback obtained from staff. This allowed the provider to prevent any issues between the register manager and staff form escalating before this could have an impact on quality of care. The nominated individual and the registered manager carried out staff supervisions to ensure consistency throughout the organisation and aid development. This allowed the provider to monitor the supervision process and ensure staff received appropriate support.

The provider enabled excelling junior members of staff to be promoted and perform senior roles in the service by providing them with intensive training to progress further within the service.

People and their families were able to provide feedback on the way the service was led. The satisfaction survey was produced in two different formats. The survey designed for people was in a pictorial and an easy-to-read format. The other kind of survey was sent to people's relatives. The provider acted on the feedback received. For example, a recent survey had revealed that families had felt that the service had needed to improve on the training of staff. Following this feedback, re-training had been carried out with staff to help them better understand the needs of the service users.

An incentive scheme for staff had been introduced which enabled staff to earn annual bonuses depending upon their length of employment. This initiative had been received well, improved staff's morale and commitment, and was welcome by staff as a genuine recognition of their efforts.