

Kisimul Group Limited

Tigh Sogan

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Tigh Sogan is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.

Tigh Sogan does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports up to six young male adults with learning disabilities and/ or autism, all of whom had complex needs. There were six people using the service at the time of our inspection.

When we last visited the home on 20 October 2015 the service was meeting the regulations we looked at and was rated Good overall. At this inspection we found the service had improved significantly and was Outstanding overall.

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

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

The provider had excellent systems in place to support people in relation to behaviours which challenged the service. The registered manager and staff closely assessed people's needs in relation to behaviours and implemented consistent ways of working tailored to each person. People experienced a reduction in behaviours which challenged and this helped improve their quality of life. Staff received training in relation to positive behaviour support and understood people's needs well.

Care plans were carefully designed so people's emotional needs, individual preferences and interests were well catered for. Each person was supported to live a meaningful life despite difficulties they experienced in their day to day lives and previous difficulties in engaging in activities. People had individualised activity programmes in place which met their particular interests and needs very well. Staff supported people to increase choice and control in their lives through their excellent understanding of people's needs and preferences. People were at reduced risk of social isolation as the provider actively encouraged socialising and building relationships.

Systems were in place to reduce the risk of abuse. Staff received regular training in safeguarding and staff understood their role and responsibilities in relation to this. The provider identified, assessed and managed risks relating to people's care as well as to the premises. The premises were well maintained and clean with

sufficient space for people. People were free to choose where they spent their time in the service. Good infection control processes were in place.

The provider carried out recruitment checks to determine whether staff were suitable to work with people. People and staff were involved in the recruitment process. There were sufficient numbers of staff deployed to support people with each person receiving individual support throughout the day. Processes were in place to manage people's medicines safely.

People were supported by staff who were well supported with induction, training, supervision and annual appraisal to help them understand their role and responsibilities.

People received coordinated care when moving between services such as hospital admissions and when newly admitted to the care home. People were supported in relation to their day to day health and to access healthcare services they required. People received their choice of food and the provider encouraged healthy eating. People were encouraged to exercise and maintain a healthy weight.

The provider had followed the Mental Capacity Act 2005 in assessing people's capacity to consent to their care. The provider applied for authorisations to deprive people of their liberty (DoLS) as part of keeping them safe, which involved keeping the front door locked to keep people using the service safe.

Staff were caring and treated people with dignity and respect and dignity was actively promoted in the team. Staff understood people's communication needs well and adapted their communication for the different individuals. People were encouraged to develop their independent living skills.

People's care plans reflected their physical, mental, emotional and social needs, their personal history, individual preferences, interests and aspirations. Staff used the information in people's care plans in promoting choice and providing opportunities in people's lives. Processes were in place to support people to develop end of life care plans as the provider was liaising with the local hospice.

The registered manager created a positive, encouraging environment for people, staff and relatives who visited the service and had a good understanding of their role and responsibilities. Leadership was visible and capable at all levels and staff also understood their role well. Staff worked together as a team.

The provider had good governance systems in place to audit and improve the service with frequent checks of the service in line with CQC standards. Systems were in place for the provider to communicate and gather feedback from people, relatives and staff. The complaints process remained suitable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was Outstanding. People received excellent support in relation to behaviours which challenged the service which reduced risks to themselves and others. People were supported to live meaningful lives through the way they were supported to manage risks.

People and staff were involved in recruitment. There were sufficient staff to support people and staff developed positive and trusting relationships in keeping people safe.

The provider assessed and managed risks relating to people's care and the premises. The premises were well maintained and suitable infection control procedures were in place.

Medicines were managed safely.

Is the service effective?

Good 

The service remained Good.

Is the service caring?

Good 

The service remained Good.

Is the service responsive?

Outstanding 

The service was Outstanding. Care plans were carefully designed so people's emotional needs, individual preferences and interests were well catered for. Each person was supported to live a meaningful life despite difficulties they experienced in their day to day lives and previous difficulties in engaging in activities. People had individualised activity programmes in place which met their particular interests and needs very well.

Staff supported people to increase choice and control in their lives through their excellent understanding of people's needs and preferences.

People were at reduced risk of social isolation as the provider actively encouraged socialising and building relationships.

A suitable complaints process remained in place.

Is the service well-led?

Good ●

The service remained Good.

Tigh Sogan

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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the home on 12 February 2018. Our inspection was unannounced and carried out by one inspector.

During our inspection we spoke with three people using the service and four relatives of three different people. Some people were non-verbal so we observed their body language, gestures and interactions with staff. We also spoke with the registered manager, a senior care worker, a care worker and the operations manager. We looked at care records for three people, staff files for three staff members, medicines records for four people and other records relating to the running of the service.

After our inspection we contacted five professionals to gather their views on the service and received feedback from a social worker.

Is the service safe?

Our findings

People were supported to reduce behaviours which challenged in a way which made their lives more meaningful and feedback from relatives was overwhelmingly positive. A relative told us, "I would rate the home Outstanding. My son is very complex and the goal is to keep him steady. Staff keep him as steady as is possible. Staff need to be aware of how he is at all times and enable him to participate in activities, and they do that very, very well...It's peace of mind." A second relative told us, "My son can be unpredictable but they manage it really, really well. He's so safe there [because of the support around behaviours which challenge the service]. The progress he has made is outstanding, there's been a massive improvement in his behaviours." A different relative told us, "There's been a great improvement in my son's behaviours. Things are more appropriate and staff de-escalate any behaviours."

The service was creative in the way it involved and worked with people to understand their diverse circumstances and individual needs, including in relation to behaviours which challenged the service. Staff worked closely with each person to develop a deep understanding of their needs. Each person was supported to create a 'personal folder' where they recorded things which they liked and things they did not like which could be triggers to behaviour which challenged the service. The provider's psychology team worked with people, staff and relatives to put 'positive behaviour support guidelines' in place for staff to follow for each person. The service sought to continually improve by frequently reviewing the behavioural support plans in place to ensure they provided appropriate guidance for staff. Relatives were consulted on the positive behaviour support plans to ensure they met people's needs as well as possible. Staff supported people to reduce behaviours which challenged by following these guidelines. Staff were skilled at identifying triggers and working in consistent ways with people to reduce risks relating to their behaviours. In addition staff received regular training, approved by the British Institute of Learning Disabilities (BILD), in positive behaviour support. Staff told us the training in relation to managing behaviours which challenged was excellent and that the provider gave on-going support in helping people stay safe. In these ways the service had an exceptional approach to promoting the safety of its staff.

Staff had an excellent understanding of people's individual needs. For example one person staff understood they became anxious if they did not provide reassurance to them about specific aspects of their life and if staff corrected them when they referred to people in a certain way. We observed staff were consistent in the way they reassured the person throughout our inspection and our discussions with staff confirmed they had an excellent understanding of the best ways to support the person in relation to their behaviours.

As another example the registered manager told us about a person whose previous placement broke down and the person posed risks to themselves and others of behaviours which challenged the service including sexualised behaviours. The registered manager sourced training for staff to understand the person's needs in relation to these sexualised behaviours before the person was admitted to Tigh Sogan. The registered manager assigned a staff member with experience of working with people with similar behaviours as their keyworker. In addition the registered manager involved the provider's psychology team to understand the person's behaviour's better. Through working with the person, their family and the psychology team the provider introduced sensory items to engage the person. We observed the person was occupied with

sensory objects for lengthy periods of time and staff showed empathy and understanding in directing the person to play with the objects when they became distressed. Staff explained the person found this very soothing and their behaviours reduced considerably as a result. This was an example of how staff successfully used their deep understanding of that person to meet their needs.

People were enabled to take positive risks to maximise their control over their care and support. They were also actively involved in managing their own risks along with staff. Staff understood significant events such as celebrations posed a risk in making one person anxious, leading them to display challenging behaviours. A relative told us, "We are never going to see no incidents [of behaviours which challenge the service], but we feel much more assured." The relative told us how staff supported their family member's to take part in celebrations while managing the risk of challenging behaviour well. The registered manager worked with the person and staff in developing 'social stories' to help the person to understand and plan significant events to reduce their anxiety. Social stories are a tool to help people with autism understand certain situations. Staff worked with the person several times each day to help them read through their social story to embed their understanding and the person agreed a copy displayed in their room would be helpful to them. We viewed feedback from the person's relative which thanked staff for helping their family member get to the point where they could come for sleepovers at their house as their challenging behaviour was so well managed. The relative wrote, "We have had the nicest Christmas that we've had for many years [because of our family member being able to stay with us]." In these ways the service helped the person to have a full and meaningful life while managing risks positively.

A person was supported positively to manage risks positively relating to challenging behaviours around sporting losses. The registered manager identified that some sporting results were a trigger for one a person to display behaviours which challenged the service. A relative told us, "After a big loss it's an anti-climax. [Staff] are ready for that." The registered manager supported the person to take positive risks in watching the sports matches they so greatly enjoyed while managing the risks associated with their team losing. The registered manager arranged the staff rota taking this person's specific needs into account in relation to particular sporting matches and possible losses. Staff who had an interest in the sport and who understood the person the best were scheduled to work individually with them during matches. Staff prepared the person emotionally for a possible sporting loss during the day and supported them in ways known to be effective in case of an actual loss. In this way staff proactively anticipated and mitigated risks relating to the person's care.

A different person was supported to manage risks positively in relation to challenging behaviours concerning food. During the pre-assessment process the registered manager identified the person was anxious due restrictions on their access to food. The registered manager provided the person with their own food cupboard in the kitchen with unrestricted access to it. The cupboard contained food of their preference at all times which they could eat at their leisure. This was a successful intervention as it resulted in the person no longer displaying the behaviours which challenged in relation to food access. In addition the person was also supported to have a fuller and more meaningful life than previously.

The same person also experienced other improvements to their quality of life due to the way staff supported them with behaviours which challenged the service. The person was previously unable to travel with others and also ate meals alone due to the risk they posed to others in their previous placement. At Tigh Sogan staff worked closely with the person to understand their needs and the best ways to work with them and reduce the risks. The person now eats meals with others and is able to take part in group travel and activities safely. The person's behaviours were found to be related to boredom and frustration. The service put in place a full activity programme based on the person's interest and this was also found to impact positively on their behaviours.

People were actively involved in decisions about the staff who provided their care. During our inspection we met a candidate who was at the second phase of recruitment. During this phase the candidate was spending the day working with people using the service and staff to learn more about the role. The registered manager consulted people and staff afterwards to gather their experiences and views of the candidate to help inform their recruitment decision.

People were supported by staff who the provider checked were suitable to work with them. Staff completed an application detailing their work history and then the provider obtained references from former employers. The provider checked for any criminal records as well as staff identification, and the right to work in the UK. All staff completed a probationary period during which the provider monitored their performance.

Staff developed positive and trusting relationships with people that helped to keep them safe and staff had the time they need to do so. Feedback from relatives confirmed people developed strong relationships with the staff who supported them in staying safe, and that the service was well staffed. The registered manager explained how each person was assigned one staff member to support them through the day, with some people receiving support from two staff when they went out into the community. The registered manager told us these relatively high staffing numbers were assessed as necessary so people received individual support to stay safe. The staff member assigned to work with each person played the lead role in helping the person to manage any behaviours which challenged the service, helping to keep them calm and occupied in activities they enjoyed. Additional staff were scheduled to support people on planned activities if necessary. During our inspection we observed people received the support they required to maintain their safety and quality of life as people were well supported both in the service and on various activities outside the home. The service creatively involved a person in managing risks relating to hygiene and promoted independence in doing so. Staff helped a person who baked each week to understand the need for good hygiene. Staff made a collection of photos of the person at each step of baking, including washing their hands beforehand, and reviewed these photos with the person each week. Other risks relating to infection control were identified and risk management plans helped to minimise these risks. Staff received training to understand their responsibilities in relation to infection control. We observed the service was clean and cleaning schedules and infection control audits were in place to monitor cleanliness and infection control risks. Infection control practices in relation to food storage and preparation were also suitable.

Staff used 'as required medicines' as a last resort in supporting people to manage behaviour which challenged the service, in line with national guidelines. People received their medicines safely as the provider had robust processes in place. Only staff trained in medicines management who were assessed as competent were permitted to administer medicines to people. The provider ensured clear responsibility for medicines administration on each shift. The incoming staff on each shift audited all medicines stocks and medicines records to check for any errors before accepting responsibility. Records of medicines staff administered to people contained no omissions and our checks of stocks indicated people received their medicines as prescribed. The provider ensured two staff checked all medicines received into the home and their findings were recorded to ensure a clear audit trail. The provider put in place protocols for staff to understand why people may require 'as required' medicines. Staff had a good understanding of when people may require 'as required' medicines, although the guidance for staff to refer to could be improved. Guidance was in place for staff regarding when people may require 'homely remedies' which the GP had approved. Homely remedies are medicines which can be purchased over the counter. Medicines were stored safely.

People were safeguarded from abuse and improper treatment. People told us they felt safe and relatives were in agreement. Staff discussed safeguarding with staff at each team meeting and also discussed with

people how to stay safe. Staff were confident about reporting any concerns and understood how to 'whistle blow' if necessary and the provider had a dedicated line for this purpose. The registered manager had appropriately reported an allegation of abuse to the local authority safeguarding team and put measures in place to reduce the risk of similar incidents. The provider shared learning from any safeguarding incidents or other incidents. Such incidents were discussed at regular meetings for senior managers and learning was then shared with other managers and staff. Our discussions with staff showed they had a good understanding of how to safeguard people at risk, including the signs people may be being abused and how to respond to these. Staff received training in safeguarding to refresh their knowledge.

Risks to people were reduced because the provider had suitable procedures in place. Staff understood the risks relating to people's care and the support people required, in line with their risk management plans. The provider had good processes to identify, assess and manage risks. Risks included those relating to personal care, accessing the community and behaviours which challenged the service. People received support in taking some risks in a positive way, such as taking part in activities in the community and using the kitchen facilities to make food and drinks.

People received care in premises which were safe. We observed the service was in a good state of repair and staff confirmed any repairs were promptly carried out. The provider had systems to reduce risks relating to fire safety, gas safety, electrical installation, electrical appliances, water hygiene, water temperatures and falls from height in line with national guidance.

Is the service effective?

Our findings

The provider carried out thorough assessments of people referred to the service to identify their needs and how these could be met. As part of the assessment process the registered manager met the person, their family and the staff from the service which supported them. The registered manager read professional reports to gain a fuller understanding of any social or clinical needs. In addition the registered manager carried out observations of the care people received to identify how any unmet needs may be impacting on behaviours which challenged the service. The provider's psychology team was available to support the registered manager in the assessment process if necessary. People were then encouraged to spend time at Tigh Sogan to become familiar with the other people who lived there and staff over a period of time.

The provider helped people receive coordinated care when moving between services such as into hospital for short admissions. The provider ensured each person had a 'my care passport' in place. My care passports are documents for people with learning disabilities to inform hospital staff and staff in other settings about the person, their needs and the best ways to support them.

People's care was delivered in line with legislation and best practice to achieve effective outcomes. The provider carried out care planning in line with national guidance. In line with this guidance people were involved in their care planning and their care was planned to promote their well-being. Staff viewed 'as required' medicines as the last resort in supporting people to manage behaviours which challenged the service. Records regarding why 'as required' medicines were administered to people were clear and the strategies staff used prior to administering the medicines were clearly recorded. This is in line with best practice guidance in relation to people with learning disabilities. The registered manager was signed up to receive alerts relating to ensure people did not receive medicines which may put them at risk.

The provider trained staff in safe restraint techniques and the risks associated with each technique. The provider had agreed in advance the types of restraint which were permitted to be used for each person. This information was on display in the form of a clear table in the office and staff had a good understanding of agreements in place regarding each person. Staff confirmed restraint was rarely used and the least restrictive restraint option would always be used as the first option if restraint became necessary.

People were supported by staff who received suitable support to understand their role and responsibilities. Staff received appropriate induction, supervision and appraisal. The provider's induction for staff followed the Skills for Care 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff received individual supervision every two to three months with their line manager. Staff also received an annual appraisal to review their personal development in the previous year and to set goals for the coming year.

The staff training programme in place was comprehensive and tailored to enable staff to best meet the needs of the people using the service. A rolling training programme was in place and each month staff attended a training day on a different topic at the provider's training centre. Topics included positive behavioural support, learning disabilities and autism awareness, mental health awareness, fire safety and

infection control. Staff told us the quality of training was high and helped them understand how to carry out their role safely while meeting people's needs.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider assessed whether people lacked capacity in relation to their care when there was reason to suspect they may do. Mental capacity assessments were 'decision specific', with separate assessments for each decision, such as managing finances and receiving personal care, in line with the MCA. The provider then made decisions in people's best interests when they identified people lacked capacity through consultation with relatives and others involved in people's care.

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 provider applied for authorisations to deprive people of their liberty appropriately. Staff understood which people had DoLS authorisations in place and the actions needed to keep people safe in relation to their DoLS.

People received their choices of food and healthy eating was promoted. A relative told us, "They look after his weight as much as they can." The provider held menu planning meetings each week where people were supported to choose their meals for the coming week. Pictures of different types of meal were shown to people to help them express their preferences and staff spent time explaining the options available. Staff monitored people's weight and took action to help people lose weight where they were identified as being overweight and no one was identified as being at risk of malnutrition. Staff had a good understanding of people's specific dietary needs and intolerances and catered to their needs. Relatives confirmed people were provided with food to meet any cultural needs or preferences. In addition the provider held cultural days throughout the year where people and staff sampled food from different countries.

People were supported with their day to day healthcare needs and to access healthcare services. A relative told us, "If my son is ill he sees a GP and staff inform me." The provider monitored people's general health and staff were able to tell us signs people who were non-verbal displayed when they may be experiencing pain. Staff ensured people had access to healthcare services they required such as a GP, dentist and optician and staff maintained records of appointments to ensure an audit trail. People had 'health action plans' in place which detailed people's healthcare needs and how staff should support people to maintain their health.

The service offered enough space for people to meet their needs. The service had spacious communal areas including lounge areas, a dining area and a garden room where one person in particular often chose to view DVDs. People were able to choose where they spent their time and people were able to access their room or the communal areas, including the garden, freely. The provider put restrictions on the front door to prevent people leaving the service without staff support. This was done to keep people safe and the provider obtained authorisations to do so under DoLS, which they kept under review.

Is the service caring?

Our findings

People were supported by staff who were caring and attentive. A relative told us, "Staff are absolutely lovely here. "My son classes it as his home." A second relative told us, "Staff are incredibly caring." A third relative told us, "Staff are good people. They treat my son like one of them and I'm very happy with the way they treat him." Another relative told us, "Staff are so unique. They are perfect." One person who was able to communicate verbally told us their favourite staff member was their keyworker although they could not express why. A keyworker is a member of staff who works closely with a person to ensure their needs are met.

Staff were motivated to provide high quality care to people. A relative told us, "Staff want to do the very best for people all the time." We carried out observations to understand how staff interacted with people. This was because most people were unable to speak with us to share their views and experiences. We observed staff were caring and attentive towards people. Staff were always available in communal areas and spent time interacting with people, guiding them to take part in meaningful activities to occupy themselves. Staff discreetly observed people to monitor how they were and whether they required any staff support, and provided any support promptly. The registered manager ensured there were enough staff on each shift, with at least one staff member working with each person, so staff had the time they needed to interact meaningfully with people. Staff told us they enjoyed their roles and helping people to improve the quality of people's lives.

Staff knew the people they supported well. One person told us, "Staff do listen to me" and agreed staff knew them well. A relative told us, "Staff have come to know my son very well and they've learnt how they need to work with him to keep him steady." Our discussions with staff showed they understood people's backgrounds, routines, needs and preferences well.

People were treated with dignity and respect and their privacy was maintained. A relative told us, "Staff have a respectful attitude towards disabilities." The service had a member of staff who was the team's 'dignity champion'. A dignity champion pledges to challenge poor care, to act as a good role model and to educate and inform others about dignity. The dignity champion was involved in the recent 'digni-tea' day where relatives, neighbours and people from other services in the organisation were invited to spend time together at the service for a social event. A person using the service, the dignity champion and relatives all gave speeches about what dignity means to them as part of promoting dignity within the team. We saw staff supported people in respectful ways through the day including speaking with people in a respectful manner. Staff also supported people with personal care discreetly. Staff supported people to dress appropriately in age-appropriate clothes which we saw were clean and suitable for the season.

People were enabled to communicate by staff and this helped people make decisions in relation to their care. We observed staff adapted their communication for each person. For one person who was non-verbal we observed them ask staff a question using Makaton. Makaton is a simplified form of sign language designed for people with learning disabilities. Staff responded to the question in Makaton while also speaking to the person using simplified language as they knew the level of speech the person would understand. Another person agreed to speak with us and the registered manager explained how staff could

facilitate our discussion as they knew the best ways to communicate with the person. The staff member used techniques to help the person focus and to encourage them to share their views. For example staff repeatedly offered the person high-fives which we observed helped them to focus their attention. Staff also repeated our question to the person several times in a way which helped them understand. In addition staff praised the person and said only positive things to them to encourage them to speak. Staff used pictures to help people make choices and understand what was planned for the day. For example staff used pictures of food to help people plan their meals, and pictures of activities to help them plan their time. In addition pictures of the staff assigned to support each person were on display in the hallway for people to refer to. People's care plan's contained detailed information for staff to refer to in enabling communication.

People were supported to be as independent as they wanted to be. We observed staff supporting a person to do their laundry, guiding them through each step. Staff told us how they supported a person to bake each week and we saw staff had created clear, visual guidance which they followed with the person. People's care plans contained details of their level of skill and independence in different areas and the support staff should provide to help them maintain and develop their skills. People were encouraged to attend college to study courses they would enjoy to further increase their independent living skills, such as computing and cooking.

Is the service responsive?

Our findings

The registered manager ensured people's care plans were carefully designed so their emotional needs, individual preferences and interests were well catered for. A relative told us, "They meet all my son's needs very well. It's the best place for my son." Before people were admitted to the service the registered manager spent time building a relationship with each person and their family as part of finding out more about them. The registered manager also observed the care people received at key points during the day and night to identify whether their emotional needs, preferences and interests were being met. The registered manager gave us examples of how their observations had been very revealing in identifying people's unmet needs. The registered manager then worked with the person and their relatives to develop a care plan which reflected their whole range of needs to increase choice and control in their lives.

One person had a poor quality of life in their previous placement and refused to engage with people or in any meaningful activities. A relative told us, "Our son has got his life back and it has changed our lives too as we feel very assured. They've done wonders for him. The progress he has made and the support is Outstanding. It's so person-centred. There are group activities but there are always staff available if he wants to do something else." Since moving into Tigh Sogan staff worked closely with the person to identify and develop their preferences and interests. The relative told us, "It's not just that the care is so good, they're so proactive and try so hard for people to have a good quality of life." Staff also worked closely with behavioural therapists to support the person to lift their mood each morning by planning each day clearly with them and reminding them of what they had to look forward to each day. Now the person now attends college and has developed a wide range of interests and actively pursues various hobbies. For example we heard the person talking with staff about their plan to meet their personal trainer and the registered manager explained they helped the person find a trainer who specialised in working with people with learning disabilities or autism. In this way the person experienced a significant improvement to their quality of life. The range of activities for other people also improved greatly on moving into the service. Another relative told us, "My son always goes out and always has something to do. He enjoys swimming and walking."

The registered manager also set up a 'personal folder' for each person to help them identify and plan short and long-term goals, and to celebrate their achievements. We observed staff designed the personal folders to aid people's understanding and to focus their goals with pictures of the people and staff in various scenarios. People were encouraged to contribute to their personal folders by writing about themselves and their needs and preferences as much as they wanted to. Through this project staff identified the most important things in a person's life, such as their hair care, certain items of clothing and contacting a family member in a particular way. This meant staff were able to support the person in a way which placed a high value on these things which were most important to them.

For a different person the provider also improved their quality of life by supporting them to engage in meaningful activities. The person's relative told us about the person's poor quality of life in their previous placement where they slept most of the day, became obese and did not engage in activities. The relative told us, "As soon as he moved here he became a happy person, and so did I! It's a miracle how much he has

improved." The person also struggled with ritualistic behaviours which often made transitions from one daily activity to another take many hours. The registered manager worked closely with person to identify how unmet needs increased these behaviours in their previous placement. The provider then put in place a care plan to meet all of their needs including their emotional needs in relation to their ritualistic behaviours. Staff worked closely with the person to identify activities they would enjoy including those which would to help them manage their weight. The person's family member explained how staff helped the person reduce their weight to a healthy level through their choice of exercise. Staff also developed an activity programme with the person which their family member told us was excellent as they now enjoyed their leisure time greatly.

Another person was also supported to develop their interests and activities. The registered manager told us at their previous placement the person would only engage in walking so would walk for around 20 miles each day. Since coming to live at Tigh Sogan staff worked closely with the person in trying a range of activities to find what they enjoyed the most. Staff identified the person had a keen interest in sporting activities and now they take part in swimming, cycling and trampolining each week. The registered manager told us, "Initially it was difficult but we don't give up easily." The person also started college and was able to improve their concentration skills and finish their first term successfully. Staff also supported the person in developing their special interest in leaflets. The person enjoyed delivering leaflets in the local area three times a week.

Another person was supported to develop a baking enterprise, in line with their interests and aspirations. For a person who displayed behaviours which challenged their previous service the provider worked with them and their relatives to identify their interests and goals. Staff soon identified the person had an interest in baking and so they worked with them to develop this interest. Staff encouraged the person to take responsibility for their enterprise as it developed. This process involved the person purchasing ingredients from their local shop each week and later at a supermarket when their confidence had increased. As well as supporting the person to bake cakes staff then accompanied the person while they drove to the different sites within the organisation to sell their cakes. In this way staff's excellent understanding of the person's needs meant they were supported to increase choice and control in their lives.

People were supported to develop and maintain relationships to reduce social isolation. One person told us, "I enjoy the company of the other people here." A relative told us, "The social side of things is fantastic for a person who can't really socialise well." A second relative told us, "Here my son is not isolated whereas before he was very isolated. He has a 'safe' social life and I really like that. People here socialise with each other, it's a fun atmosphere." The registered manager told us how previously a person was not able to be around others due to the risks they posed, which meant they were socially isolated. However, through providing highly responsive care the person no longer posed the same risks to others and socialised with others daily.

Staff encouraged people to develop relationships with those they lived with and people who lived in local care homes in the organisation. For example, staff supported people to choose their preferred way of celebrating their birthday and other special occasions. Many people chose to have a birthday party to which they invited other people living in the service and the local homes. In addition people were encouraged to attend social gatherings arranged by local charities for people with learning disabilities and autism, such as discos. Staff supported people to speak with relatives on the phone and were accommodating to relatives who could visit at any time.

A programme was in place to support people to consider their preferences at the end of their life. The provider recently began a programme at a local hospice to train staff in understanding how to provide high quality care to people at the end of their lives. As part of the programme people would be supported to

consider how they would like to receive care at the end of their lives through involvement with their families.

The complaints process continued to be suitable. The complaints process was presented in pictorial format which staff used to help increase people's understanding. Records showed the registered manager had responded to any complaints and concerns appropriately, in line with policy.

Is the service well-led?

Our findings

The registered manager registered with us in March 2017 and was previously the deputy manager of the service and had worked at the service since it was established in 2015. Relatives were very positive about the registered manager. One relative told us, "The atmosphere created by the way [the registered manager] manages the guys and the homely feel he creates is Outstanding... He wants the very best for people and that is done through good leadership. Staff are very dedicated and [the registered manager] treats everybody like a family. I'm very happy with it, it's fantastic!" A second relative told us, "The manager is very nice, just what you want in a manager. He is very respectful and thoughtful."

Throughout our inspection the registered manager praised the staff within his team and highlighted their individual skills and attributes to us which made them good at their role and spent time interacting with staff. In the same way the registered manager promoted the positive things people using the service had achieved during their time at the service. We observed the registered manager greeted relatives and engaged in conversation with them. In these ways the registered manager created a positive, encouraging environment to work in where people and staff felt motivated and valued. Staff consistently told us the registered manager was very supportive and a positive role model, and always listened to and looked into any issues they raised. Staff also told us they worked well as a team as staff supported each other. Our inspection findings and discussions confirmed the registered manager had a very good understanding of their role and responsibilities, as did staff.

Leadership was visible and capable across the service. The staff were organised into three teams, each led by a senior support worker. A senior was always on shift to lead and support their team. Staff understood their responsibilities during each shift as a clear shift plan was in place. The seniors were responsible for line managing staff which included carrying out support and supervision and checking staff delivered care to people in the best ways possible each day. We observed a handover for one staff member joining the shift and saw the senior provided them with sufficiently detailed information about any significant events since they last worked, the events of that morning and also their assigned responsibilities.

The provider had systems in place to ensure good governance of the service. The service was supported by an operations manager which was a new role the provider created to ensure the services received sufficient guidance from a senior manager. The operations manager visited each week and their role involved supervising the registered manager and carrying out informal checks of the quality of care. The provider's compliance team visited the service unannounced each quarter to carry out an inspection in line with the CQC key lines of enquiry (KLOEs). The registered manager developed plans from these visits to make any identified improvements. In addition the seniors carried out monthly 'site sweeps' which included observing the quality of care, speaking with people and staff and checking medicines and also that records were accurate, up to date and sufficiently detailed. Records showed the audits identified few concerns and the operations manager told us the team at Tigh Sogan were viewed internally as stable and high performing. We viewed an audit carried out by the local authority in the last year which found satisfactory levels of care were being provided and the registered manager had made the few improvements suggested.

Systems were in place for the provider to communicate openly with and gather feedback from people, relatives and staff. One relative told us, "If I have any queries the registered manager always responds very quickly, and if he can't a senior will. Staff work in partnership with us, for example if there's a hospital appointment they let us know and we try to attend." A second relative told us, "Staff always call me, even if just a little thing has happened." A third relative told us, "Staff discuss the things they need to." Staff held weekly meetings with people both individually and in groups to plan their meals and activities and other important events in their lives such as birthdays or contact with their family. The provider arranged social events through the year to encourage relatives and neighbours to be involved in and support the service. The provider also sent questionnaires to families and professionals to gather their feedback each year. Staff attended monthly staff meeting where they reviewed people's needs and any developments within the organisation. The provider also produced a newsletter to update stakeholders on service developments.

The provider worked openly with key organisations. The registered manager updated people's social workers regarding any incidents and any significant developments relating to their care. The provider also worked closely with healthcare professionals involved in people's care and we received positive feedback from a healthcare professional about the service in general.