Care Homes for Adults with Disabilities Limited

Chad Ltd - Cordingley House

Inspection report

22 Linden Terrace
Whitley Bay
Tyne and Wear
NE26 2AA

Tel: 01912893621
Website: www.chadhomes.co.uk

Date of inspection visit:
13 January 2016
14 January 2016

Date of publication:
16 March 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Care Homes for Adults with Disabilities (CHAD) Limited – Cordingley House is a residential care home set in a large three storey terraced house in Whitley Bay town centre. The service currently provides accommodation, care and support to four adults who have an autistic spectrum disorder.

We previously inspected Cordingley House in April 2014, at which time the service was compliant with all regulatory standards. This inspection took place on the 13 and 14 January 2016 and was announced.

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.

The registered manager and staff had put a lot of time and effort into building personalised care plans which were tailored to individual needs. People's needs were initially assessed and constantly reviewed with the involvement of the person, their relative and external professionals. Care plans painted an in-depth picture of each person including their life history, family, school life, interests and hobbies. Records included photographs and pictures along with the written information to ensure people could read and understand their own care plan.

The service encouraged and promoted activities which were meaningful to each person and included their individual hobbies and interests. The group activity programme was devised by the staff team to ensure that the people using the service were included in their local community. The individual activity plans empowered people to get involved in activities in which they displayed a keen interest. The service gave people the opportunity to pursue, education, work and a social life with family and friends. A healthcare professional told us, "Service users attend college sessions and these have been on-going for several years, reviewed and changed as new courses are available. The staff are always looking for new experiences and learning for the service users to ensure on-going progression and interest". A relative told us, "I feel that (person) has made good progress while living at CHAD not only through planned activities, but they are more settled and less prone to episodes of challenging behaviour, their individual self-help skills are improved, they are more tolerant of others and their needs".

The registered manager kept a record for complaints and explained to us how the complaints procedure was managed. There had been no complaints received since the last inspection. People and their relatives told us they had nothing to complain about but did feel confident to tell staff or a manager if something was wrong. The registered manager also kept a record of accidents and incidents, which was monitored regularly.

The people using the service told us that they felt safe living in the home with the care staff who supported them. Policies and procedures had been recently updated and were in place to protect people from harm

and to ensure staff understood their role and responsibilities. A healthcare professional described the service as, "One of the best services I've worked in, if not the best".

Records were kept regarding incidents including those of a safeguarding nature. Incidents were investigated and reported in a timely manner and where appropriate the registered manager had informed the local authority. These were analysed by the registered manager and used to review care needs, risk assessments and develop control and preventative measures.

Risks associated with the health, safety and welfare of the people who lived in the home were being managed by the service. This included regular checks of the property and equipment in line with their landlord responsibilities. People's care needs had been individually assessed and we saw these were regularly reviewed and monitored.

Medicine was stored safely and securely. Medicines were safely and appropriately managed and medicine administration records were detailed, thorough and accurate. The staff followed company policy and procedures regarding receipt, storage and disposal of medicines. Other records relating to the management of the service were well maintained.

Staff files showed the recruitment process was safe and robust. Training was up to date, and staff had a good mix of experience, skills and knowledge. The registered manager had provided staff with opportunities to progress their career in care and achieve qualifications in health and social care. There were enough people employed by the service to manage it safely and to meet the needs of the people living there.

The director's alternated staff supervision and appraisal which were held regularly and thoroughly documented. Staff and 'resident/relative' meetings were also held regularly and minutes were recorded. The directors provided plenty of opportunities for people, relatives and staff to talk to them about the service. Competency assessments were carried out by senior care staff to assess staff's suitability for their role.

Evidence and discussions showed that the registered manager and staff had an understanding of the Mental Capacity Act (MCA) including their responsibilities. The service assessed people's mental capacity and reviewed it as necessary. Care records showed that wherever possible people had been involved in making some decisions, but decisions that were made in people's best interests' had been appropriately taken by involving other professionals and relatives.

Staff prepared well-balanced meals and wherever possible supported people to do this. We observed all of the people living in the home enjoyed their food at mealtimes, which were a positive and interactive experience. People had choice around mealtimes and often chose the planned meal from the menu, we also saw people chose different items which they preferred. We saw the service had involved external health professionals as necessary to meet people's changing needs. A relative told us, "(Person) has enjoyed good health during his time with CHAD, their medical condition is well controlled, and they regularly visit the dentist, which is a fabulous achievement in itself".

People told us the all the staff were nice to them. We observed throughout the inspection that staff displayed kind, caring and compassionate attitudes and treated people with dignity and respect. The staff were friendly towards everyone and each other. A relative said, "I feel that (person) has high regard for the people who work with him".

The service regularly monitored the quality of care and support. Daily and weekly audits to ensure the safety and quality of the service was carried out by the deputy manager. The registered manager oversaw this and

also audited records. The service obtained feedback and gave people, relative and staff plenty of opportunity to do so. For example, annual surveys were used to gather the opinions of staff and relatives about how the service was managed and how it could be improved. We noted a good response to surveys, which meant the registered manager could collate the data and gather an overall opinion. The registered manager had devised an action plan to improve the service following the last survey. A relative told us, "I am often asked how I feel and advised of any changes that are taking place like staff changes, training taking place, outings and special activities that they are thinking about".

The registered manager had an extensive employment history working with people who had a condition on the autistic spectrum and was well established in the role having known some of the people for many years. There was a consistent team of dedicated staff. Staff told us they felt valued and that they enjoyed working for the company. A staff member told us, "It's a really strong team, everyone works well together, and it's really friendly". This type of approach helped to make the atmosphere at the home much more relaxed for the people who lived there. One staff member told us, "(Directors) tried to arrange a (paid for) staff night out, but due to the needs of the service it wasn't possible, so instead they gave us all a voucher, some wine and a card at Christmas".

A healthcare professional commented that, "The managers of this service are approachable and seek advice/support if they feel this is needed. I would definitely rate CHAD as a very good service and recommend it to parents/carers I work with for future placements".

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.

Safeguarding procedures were in place and these were followed correctly by the registered manager and staff team.

Risk assessments were in place to ensure people's safety. People's individual needs had been assessed and control and preventative measures were in place with instructions for the staff to follow.

Staff recruitment was safe and robust. Enough staff were employed to meet the needs of the service.

We saw evidence that people received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective.

People's consent was sought in relation to their care and treatment. As people did not have the capacity to make their own decisions about their care, the registered manager had documented evidence of best interests decision making in line with the Mental Capacity Act.

Staff were suitably qualified, with a mix of skills, knowledge and experience. They were supported by the registered manager through regular supervision and appraisal.

People were happy with the staff who supported to maintain a balanced diet.

Records were kept in care plans of input into people's care by external healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff displayed positive, kind, caring attitudes and interacted well

with people. They understood and responded well to people's needs.

Staff were knowledgeable about individual people; their abilities, behaviour and life histories.

There was plenty of choice around food, drinks and activities. Staff involved people in making decisions about their care and support.

Staff had an understanding of equality and diversity and treated people with dignity and respect.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Care records were extremely person-centred and health and social care needs were assessed. Reviews were carried out regularly by keyworkers.

People's lives were enriched by activities that were interesting and meaningful to each individual as well as group activities which ensured everyone was included.

There was a complaints procedure in place and people told us they knew how to complain if they needed to. The registered manager held a record of complaints and incidents which were investigated and dealt with appropriately and in a timely manner.

The registered manager regularly sought feedback from staff and relatives at meetings.

Is the service well-led?

Good

The service was well led.

There was a relaxed atmosphere in the home and the director's had a clear vision about the direction of the service.

Staff told us they had confidence in the registered manager.

The registered manager demonstrated good governance. There was a robust set of management records to monitor the safety and quality of the service.

Audits were regularly carried out to ensure staff complied with their responsibilities and that people received the care and

support they required.

Stakeholders and people who used the service were consulted to obtain feedback and we saw evidence that this was used to improve the service.

Chad Ltd - Cordingley House

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 13 and 14 January 2016 and was announced. We gave notice of the inspection because we needed to seek permission of people who used the service and let them know that we would be visiting them at home. We needed to be sure staff would be available to access records. The inspection was conducted by one inspector.

Prior to the inspection we reviewed all of the information we held about Chad Ltd - Cordingley House, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally required to inform us of.

In addition, we contacted North Tyneside's local authority contracts monitoring team and adult safeguarding team to obtain their feedback about the service. We also asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information informed our planning of the inspection.

As part of the inspection we spoke with one person living at the service and one relative to gather their views. We spent time with people and observed daily life. In addition, we spoke with two members of the care staff team and the directors, one of whom was also the registered manager for the service. We also spoke with external healthcare professionals who were involved with the service. We reviewed a range of

care records and information kept regarding the management of the service. This included looking at all four people's care records, four staff files and records relating to the quality monitoring of the service.

Good

Is the service safe?

Our findings

The one person we spoke with told us they felt safe living at the home. When asked if they were happy living at Cordingley House they said "I like living here". They said they felt safe with the staff and that their personal belongings were also safe. A relative added, "(Person) seems to really enjoy living at CHAD".

Safeguarding policies and procedures were in place for staff to follow which assist them to protect people from abuse or improper treatment. We saw evidence that a record of incidents of a safeguarding nature were documented and monitored by the registered manager. They were also referred to the local authority in line with guidance. Staff were aware of their responsibility to report matters of concern and told us they had no current safeguarding issues. Staff told us they were confident with the safeguarding and whistle blowing procedures in place and that they would have no hesitation to report any issues. One staff member said, "We are not here for the staff; we are here to protect people". The staff noticeboard displayed an 'abuse hurts' booklet and safety alert leaflets – this showed that the service ensured people's safety remained in focus.

People's care needs had been thoroughly assessed and they had detailed risk assessments associated with them. We saw that individual risks to people and general risks about the property had been thoroughly assessed and were reviewed monthly. People moved safely around the home and we saw that the service had taken into consideration risk factors when furnishing people's bedrooms. For example, one person's needs meant they had no loose items in their room.

The home was well maintained and staff reported general repair needs verbally to the registered manager and logged issues in a book. The provider had undertaken all the landlord checks required by law, including tests of gas, electricity and water. We saw evidence of these being carried out regularly by professional contractors. We observed that the fire alarm panel was in good working order, serviced fire fighting equipment was in place and records were kept detailing practice fire evacuation. As all the people had similar needs and no issues with mobility, the service had drafted a generic emergency evacuation plan.

Each person had a report file which was kept alongside their care plan. This was a detailed record of any accidents and incidents which people had been involved in. There was further evidence that these were regularly reviewed by keyworkers and monitored by the registered manager. Incidents were analysed by the registered manager to monitor the behaviour of the person before and after an incident, any triggers and what interventions were required. This analysis helped the registered manager to review and adapt control measures and preventative action.

Most people living at the home required two staff to support them when accessing the community and the service had assessed the staffing levels to be able to manage this need. Staff told us about the levels of support required by people whilst at home and we saw this was recorded in people's care plans. We reviewed the staff duty roster and saw that the service had an adequate amount of care staff on duty during the day to ensure that people could go out when they liked as well as being able to support people who wanted to stay at home. A member of staff worked a nightshift in order to ensure all people were safely

supported at night.

Policies and procedures relating to the recruitment of staff were robust and the files contained information which showed that staff were safely recruited. This included evidence of pre-employment vetting checks including references from previous employers, interview records and enhanced Disclosure and Barring Service (DBS) checks. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are employed. The files contained evidence of an induction process, shadowing of more experienced staff and on-going training and development. This demonstrated that the service was actively recruiting suitable people with a mix of skills, knowledge and experience to meet the needs of the people living at the service. The staff members we spoke with confirmed that the provider had carried out all the appropriate checks prior to them commencing employment.

The service also demonstrated evidence of following a disciplinary process when an issue had arisen. We saw evidence that this was investigated, and staff had received appropriate disciplinary action. We spoke with a member of staff who told us they had been through this process and it had been fair.

We checked how the service managed people's medicines needs. One member of staff on each shift was responsible for holding the keys to the medicine room. We saw the medicines were all kept in a secure cupboard and inside the cupboard each person's medicine was kept in an individual labelled storage box. Also kept in the cupboard were two small labelled rucksacks which contained emergency medication which was taken out with two people when they left the house. There was a separate small fridge to store medicine which required refrigeration. We carried out a random check of the medicine stock and the records. We found these to be accurate, up to date and well maintained. Two members of staff checked and signed the medicine administration record.

A staff member talked us through the procedure relating to the administration of medicines and showed us records of how the medicines were handled by the service. All receipt of medication was recorded. Any refusals or disposal of medicine was recorded and returned safely to the pharmacy. The medicine book was also signed by a pharmacist on these occasions. Medicines which are only needed as and when required were found to be appropriately stored and monitored. The staff member told us that only the staff who had achieved their safe handling of medication accreditation administered medicines. Other staff were able to tell us about people's medication needs and any special instructions they needed to be aware of.

Good

Is the service effective?

Our findings

A member of staff told us, "(Registered Manager) is very good at getting us on training". Training and development plans were displayed on the staff notice board to ensure staff knew when refreshers were booked in. We saw in staff files that all staff had completed the induction process and more recently, new staff were completing the care certificate induction process. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. We saw evidence that the service used a range of external training providers to meet their staff training needs, this included involving healthcare professionals.

Along with a common induction, specific additional topics such as autism awareness, challenging behaviour and restraint techniques were delivered to staff. All the staff we spoke with told us that they had an extensive shadowing period to enable them to observe and learn from the more experienced staff. Staff observations were carried out by senior staff and this was used to measure their competency. We saw records of competency checks which included comments from senior staff and actions for improvement as required. A healthcare professional told us, "Care staff appear well trained and knowledgeable, and information has been responded to and actioned appropriately".

The directors of the service alternated supervision and appraisal meetings so that staff had an opportunity to talk to both of them. We saw supervision sessions covered the staff members work with each individual person, training needs, development and an action plan. We saw a history of supervision sessions throughout employment and an annual appraisal. A staff member confirmed, "Yes, supervisions happen monthly". The service had started a new '360°' style appraisal. This is a system in which employees also receive confidential, anonymous feedback from the people who work around them.

Staff meetings took place regularly and people living at the home and their relatives were also invited to attend group meetings. Individual meetings were held regularly with relatives to discuss individual needs and progress. There was good communication between the staff team and processes were in place for handing over information between shifts.

Due to the nature of their condition, people had different ways of communicating and staff had adapted their practice to ensure everyone's needs were met. For example some people used only non-verbal communication; staff understood this and did not let it affect their inclusion within the home.

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. All of the people living at the home had been assessed and their assessments showed they lacked the mental capacity to make particular decisions. Their relatives, the registered manager and a social worker had made decisions in their best interests.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service had submitted DoLS applications to the Local Authority in line with the principles of the MCA for people who were being deprived of their liberty. The Care Quality Commission (CQC) had also been notified of these.

Although safeguarding incidents were low for this type of service, we noted other incidents which involved minor assaults on staff happened due to some behaviours of people which challenged the staff. The staff we spoke with told us that they had been trained in restraint techniques and were familiar with people enough to understand the triggers of any behaviours and how to de-escalate a situation. Staff told us they knew if someone did not want to do something by their behaviour. One staff member said, "I always knock on their door and say who I am and ask if I can come in. If there is a situation, it is easily controlled, I would ask for assistance and the person would be removed from the living room to calm down. I've done restraint training, but I haven't used it yet".

The one person we spoke with told us they enjoyed the food and that the staff made a variety of meals. They said, "I like lasagne, shepherd's pie and the spaghetti bolognese the best". The provider had signed up to a programme called 'safer food, better business' which contained a self-assessment tool for them to measure themselves against a set criteria. This ensured staff prepared and cooked food safer. There was a menu plan devised by staff around the likes and dislikes of people, if people did not fancy the planned meal, they could opt for something else. For example, a staff member told us, "Today (person A) doesn't want beans so they had a samosa instead – when (person B) saw this they decided they would have a samosa too". A relative told us, "(Person) enjoys their meals and is involved in planning, shopping and cooking where appropriate and safe to do so. The house has a take away night on a Saturday, this is very popular. (Person) usually opts for pie and mushy peas".

The service had a 5* hygiene rating from the local authority which was displayed on the wall, along with a picture of the 'eat well' plate which demonstrated a well-balanced meal and portion sizes. Where people had specific dietary requirements, these had been met by the service. A comment written on a staff competency form stated, "(Staff member) was friendly and supportive, offering choice and encouraged a healthy breakfast".

We observed staff interacting well with people in the kitchen and dining room, assisting them to make food and drinks. We also observed lunchtime and teatime preparations. We saw people looked forward to their meal and staff engaged well with them throughout. We also saw staff encouraging people to clean up afterwards. Comments were made by staff such as, "All done, do you think we've done a good job" and "Yes, good job, well done". The experience of mealtimes was relaxed and homely. Another staff member said "We are just like one big family".

Care plans and reports demonstrated evidence of the service involving external healthcare professionals when people's needs changed. The records showed that staff had made referrals to a person's GP, the challenging behaviour team and they worked closely with the autism coordinator for North Tyneside. Care records were updated with the outcomes and information was fed back to relatives by telephone or email.

Staff told us they thought all of the people were happy with the environment they lived in. They told us, "Some people prefer certain rooms, they are very settled here – it's just like a house share really". And "Sometimes they like to socialise with each other and sometimes they stay in their rooms". A staff member

also told us that people were involved in choosing the décor and soft furnishings, stating, "(Person) helped me put up these pictures and they came shopping with me to choose things for the house".

Good

Is the service caring?

Our findings

We spoke with one person who told us the staff were all very nice and friendly. It was obvious from our conversation, that they had an excellent relationship with the staff, some of whom had known them for many years. One interaction we witnessed was between the registered manager and a person. The person hugged the registered manager and said, "I love you"; to which the registered manger replied, "You don't love me, you love your mam – you just like me very much". The person responded well by saying, "That's right, I do like you very much". It was evident throughout the inspection that boundaries had been established so people knew how they should behave and staff were very good at maintaining a positive relationship within the set boundaries.

We noted feedback from relatives on a survey conducted by the provider, this included, "I have no issues with (person's) care and the staff from Chad. I am confident with everything" and "You are all absolutely fabulous and I cannot thank you enough for all your commitment and hard work". A relative told us, "(Person) gets on well with the staff and the other young people that they live with and if there are any difficulties around relationships with service users the staff are quick to help resolve situations and keep us informed of any changes". We also saw the service had received many thank you cards and compliments regarding their care and kindness towards people using the service.

At the beginning of our inspection, the registered manager introduced us to people and gave us a tour of the home. We observed the atmosphere was homely and friendly. It was very clean and pleasant. One person had decided to stay at home during the day and we saw them telling their keyworker where they wanted to sit and what they wanted to watch on TV. Later we observed them dressing up like the character in the film they were watching.

The staff were interacting well with other people who were getting ready to go out for the day. The staff displayed kind and caring attitudes as they discussed appropriate outdoor clothing for the cold weather conditions. Staff spoke with people in a controlled manner in order to maintain a calm environment and not trigger any behaviour that would be challenging. A healthcare professional confirmed this as normal practice by stating, "Service users are treated with respect and appropriate communication is used to support specific needs i.e. Autism Spectrum Disorder".

The people in the home had a diverse range of needs. The service was very accommodating of this and staff responded well to the diversity and understood the importance of treating people individually. Staff files showed that all staff had undertaken equality and diversity training. A person's care file showed that staff had taken the time to do research online relating to diverse food and divine law.

People were involved in all aspects of their life; we saw people had been involved with decisions about soft furnishing and photographs which were framed on the walls. People had chosen activities to get involved with and went shopping with staff for food. Where appropriate, people had been involved in developing an action plan which we observed in their care plan. It included hopes for the year ahead, for example, a holiday and to be more involved with food preparation. In some care files, people had signed their own

name against the plans made.

Due to people lacking mental capacity, all of the people living at the service had an advocate. This was usually a family member; however the registered manager told us that formal advocates from the local authority had been involved in the past. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

People's personal information was kept locked away in a cupboard. The staff were aware of the importance of maintaining confidentiality and privacy within the home. We observed people being treated with dignity and respect throughout the inspection. One staff member told us, "We make sure that blinds are closed if they are getting changed in their rooms and if I am supporting with bathing I stand outside the door and close it once I know they are safely in the bath". Staff had completed a course called 'Dignity in Adult Social Care' and the registered manager was a 'dignity champion'. The staff had signed the dignity in care leaflet which pinned on the noticeboard.

We observed staff supported people to maintain their independence and we observed people doing various things for themselves. Staff encouraged people and promoted independence. For example, one person asked a staff member, "Can I go upstairs and put the DVD in by myself?" to which the staff member replied, "Go on then, see how you manage". The person was very happy with this outcome.

Outstanding ☆

Is the service responsive?

Our findings

A healthcare professional involved with a person using the service told us, "Staff are very good at judging (person's) needs and planning an appropriate activity, the time scale and venue of the activity is very important and this is taken into consideration to ensure (person) does not get over stimulated". It was particularly important that the service considered over stimulation as it could have led to a person displaying behaviour that was unsafe for themselves and others.

We found people's care plans to be extremely person-centred. They contained information from external healthcare professionals, relatives and the people using the service which showed that everybody involved with a person's care had contributed to the assessment which the service had undertaken. There were sections such as, personal information, routines, food plans, communication plans, behaviour plans and future action plans. These were all thoroughly completed to an excellent standard with personalised details about each individual. For example, one person's file contained comprehensive information relating to religious needs, culture, food and bathing requirements and rituals. There was even information about the town and country of their family origin and traditions so staff could engage better with the person around these specific needs. We saw that wherever possible, people had written parts of their own care plan, which related to their likes, dislikes, hobbies and interests.

The service worked closely with the autism coordinator for North Tyneside and had regular meetings with them about people's individual needs. This ensured the staff were keeping abreast of local and national guidance relating to people with a condition on the autistic spectrum. The mutual interest in maintaining a positive relationship between the service and the autism coordinator helped everyone to respond to people's needs as they changed and deal with different behaviours that may challenge the staff.

Senior members of staff acted as a keyworker for each person. Their role was to update and review care plans and assessments. All staff were very familiar with people and their care plans. Assessments were carried out for each aspect of a person's life. Staff had taken into consideration, people's likes and dislikes, preferences, abilities and habits when assessing certain tasks. For example, one person's assistance with bathing now included an instruction for the care staff to add the required amount of shampoo as previous attempts had resulted in the person using a whole bottle of shampoo at a time. Another review demonstrated how staff had learned from a previous incident at a shopping centre where a person had become anxious – busy environments were now avoided as it had become too overwhelming for the person.

We read in one care plan, how a person's fear of dogs had been taken into consideration when planning days out and where they might encounter people walking their dogs. Again, previous attempts had led to the service reviewing this assessment and adding actions for staff to take if they encountered a dog. The plan described what behaviours to look out for and what may trigger a behaviour that would challenge the staff. It was important that the staff thought about this in advance to minimise the likelihood of an incident occurring.

We saw the risks associated with tasks and activities were also personalised. For example, a person who enjoyed horse riding had a risk assessment in place to describe this activity, which included promoting positive risk taking, precautions for the person, the staff and the animal.

In order to make their care plans accessible for the people using the service, they contained a section which was written in a way that the person would understand it. This section contained pictures and photos to help illustrate what was being described. It contained subsections entitled, 'Who is involved', 'All about me', 'What keeps me safe', 'My communication – what I do, what it means, what you should do'.

The activities plan was substantial and the service constantly reviewed it. Daily activities were documented as a guide for staff. The service was completely flexible. For example, if the person did not want to do a specific activity, the staff would discuss this with them, decide on an alternative and document this in their care plan. The information about how the person felt that day, their mood and the decision made was analysed by the registered manager and used for planning future activities. The service also supported people to take holidays and short breaks. A healthcare professional told us, "I am aware of the access to individual holidays for service users, according to their needs, each person has the opportunity to go away and enjoy a holiday in a venue suitable to their needs. Also if a holiday is not suitable individual day trips are planned".

People were involved in deciding which activities to take part in. The service actively encouraged people to follow their own interests and engage in activities which were interesting and meaningful to them. We saw that people's lives were enriched and fulfilled by this approach. We saw evidence in care records that the staff had researched activities in the local community in order to come up with innovative and creative ways to meet people's needs. During the inspection, we saw staff support people to use the internet to look for events and activities. There were some on-going activities like a weekly disco and trips to the cinema which involved a couple of people going out together. We observed two people being accompanied by staff to the cinema. We also saw people going out in pairs to the local shops accompanied by staff. One night per week, they all got a take away together or went out for a meal as a group but most of all, plans were individualised and arranged around each person's own interests.

One person attended a day service two days per week. This person told us, "I've had my dinner there today, helped in the café and they let me answer the phones". They also told us about going to the beach with their friends from the centre to collect items to make ornaments with. This person added, "We are going to sell them at the centre." The registered manager told us, "When (director) and I set this service up, this is what we envisaged for people, making stuff, being involved, working and selling their handmade items".

There was an excellent example of how the service had supported a person to follow their interests, fulfil a dream and gave them the opportunities to achieve such a success. The person was a keen horse rider and had won 26 rosettes in various horse riding competitions. The service was keen to promote this and encouraged the person to compete in the regional and then national championships for disabled riders. Their relative was very happy that the service had enabled this to happen by assisting to finance the trip to Cheltenham and accompanying the person to the competition. The person won the national competition and the local newspaper published a story about the person's success. A 'thank you' card read, "Thank you so much for taking (person) to Cheltenham and helping to achieve their national award". The newspaper article which was pinned up in the dining room included a quote from a relative which read, "A huge thank you to everyone who made this weekend possible. Without your commitment, our children would not be able to experience such a wonderful event". Another quote from an Instructor read, "The riders were wonderful and can all be proud of what they have achieved".

Staff told us how important it was for people to maintain a relationship with their families. Some people had family members who visited the home and engaged in activities there, some had family who came and took them out for the day. One person told us about going away for a few days. They said, "I'm so excited; I'm going to mam's. My brother and sister will be there and I am an uncle now so I will see the baby too – I love it, I love going to mam's for a visit". We saw how happy this arrangement had made the person feel.

Another person had been reluctant to go for a visit to the family home and the service had worked with the family members to encourage and facilitate visits. The registered manager told us, "I tried several times to persuade (person) to go with me in the car, but I told the family I would not hide where we were going. I said I'd do my best but if (person) didn't want to go I couldn't force them". On one occasion, this was successful and the person was able to overcome their anxiety to make the journey to their family home. This had a huge positive impact on the whole family as it was important to them all that the person attended on that particular day.

We observed people being given choice in all aspects of their care and support. We overheard staff say, "Would you like a drink – which one?" and, "What do you want to watch, where shall we sit". One person's cultural needs meant that they required halal food and carried out hand washing and bathing rituals. Staff managed this very well and allowed time for that person to receive their care and support in their preferred ways. The provider had supplied a separate fridge, freezer and microwave for this person's dietary requirements. The staff ensured that the meat they purchased was halal and stored it separately from other foods. This person's family regularly brought in meals from their home and the service supported the person to eat it. This demonstrated that although it was difficult at times due to the person's mental health condition, the service supported the person to practice their religion whenever it was possible.

The registered manager told us the service had received no complaints since the last inspection. Staff told us about minor issues which had been brought to their attention, but those issues had been dealt with straight away. The people we spoke with told us they had no complaints about the service, the staff or the directors. A complaints log was in place and the manager told us the procedure was to investigate and respond to people as necessary. The complaints policy was available for people and their relatives, it included information for them regarding how to complain, what would happen and who else may be involved.

We saw in team meeting minutes that the minor issues which had cropped up had been shared with the staff and used as a learning opportunity. We saw the service had made changes to practices which had been the result of an issue being highlighted. For example, the service had implemented a process whereby the keyworker emailed relatives with updates to ensure families felt continuously involved. We found copies of theses emails stored within care records. A relative told us, "We meet to review the service yearly and I have regular telephone conversations with staff and emails from the key worker to keep me up to date with (person's) progress, usually once a month. If I have any concerns I know that I can ring and speak to a member of the management team".

Everyone we spoke with told us they would have no hesitation in complaining if something was wrong and they felt confident that the registered manager would deal with it appropriately. Staff also told us, they felt confident to support a person to raise an issue with the registered manager. A relative told us, "If (person) is unhappy or worried, then I am confident that they can speak to someone and they would be able to provide advice and support specific to (person's) needs. Equally (person) visits home regularly and would be able to share any concerns with the family".

The service used an information sheet kept within care records, which could be transferred between

services. For example, if a person needed emergency care, the information sheets could be removed from the care record and taken with the person. It contained information about personal details, emergency contact information, health conditions and medication needs. This ensured the whole care record did not leave the service and was an excellent example of effective communication between services.

Good

Is the service well-led?

Our findings

The service was managed daily by the registered manager who was also one of two company directors. The directors had an extensive history of working with and teaching children and younger adults with mental health issues. They were well established in their roles having originally set up the service over 10 years ago. A healthcare professional told us, "I have always found the service to be well managed, transparent and responsive to professional support and advice".

During the inspection both directors were present and assisted us with the inspection, they liaised with staff, people and relatives on our behalf and ensured we had appropriate access to all of the records we required.

The culture of the service was open and transparent and all the staff were keen to do a good job and make it as homely as possible for the people who lived there. All the staff took their lead from the registered manager who was skilled, knowledgeable and experienced in care management. The staff respected the directors and told us, "I would feel very confident going to the managers – they are easy to speak to and make it a nice atmosphere".

There was a clear staffing structure in place, which included the registered manager, a deputy manager and the support staff. The directors had recently employed another service manager with a view to them taking over the registered manager's responsibilities in the future. The shifts were arranged to ensure there were enough support staff to meet people's individual needs. It also ensured there was always a manager on duty during the day to support the staff, monitor the safety and quality of the service and pursue development opportunities. All the staff were aware of their key responsibilities as the registered manager had shared out generic jobs amongst the team. For example, one staff member was responsible for inventories and one for first aid box contents. We observed these responsibilities were discussed and documented in supervision records and during staff meetings.

The management and staff told us about the extensive shadowing periods which took place for new starters to ensure that they were suitable for the role and more importantly that they were liked by the people who used the service. The registered manager told us how they were responsible and accountable for everyone's safety and that they ensured new employees were confident and capable of dealing with the behaviours of people which could sometimes be very challenging for the staff, before giving them a permanent contract or employment.

The service had developed many community links and the providers were keen to promote a culture which was inclusive and empowering. They told us about their links with the Pegasus Centre in Morpeth, where the Riding for the Disabled Association was based. They had clearly put a lot of time and effort into pursuing one person's interest in horse riding. They had links with local day services which people attended weekly and community centres which held activities such as discos. The service had also forged links within their immediate neighbourhood and staff took regular trips with people to a local Indian restaurant which was very accommodating of their needs.

Staff and stakeholder surveys were regularly completed and the results of both were collated by the registered manager in order to get an overall opinion of the feedback. A relative had commented on a response form we saw with, "Me and (my wife) are very happy with all the staff". The results of the staff survey which had been completed by 17 staff members concluded that the survey, "Had illustrated a very positive relationship between staff and management". The registered manager had noted a satisfactory response to a question about the suitability of the service and environment. An action was recorded alongside this which read, "Will discuss this at the staff meeting and ask staff for feedback about what can be improved". This demonstrated that the registered manager was actively seeking feedback from the staff team in order to drive improvements through the service.

The deputy manager was responsible for audits and checks of the home to monitor the quality and safety of the service. They carried out a weekly audit of medicine records including updating and reviewing records as changes occurred. The daily staff handover included a check of medicine stocks and records, a count up of personal finances and checking food labels for use by dates. Daily checks were also completed and recorded regarding water and fridge temperatures. The deputy manager reviewed care records to ensure their quality and monitored staff files for completion of training as required.

The registered manager oversaw all of the audits and checks on a regular basis, to ensure people were receiving safe, quality care in an environment that met with their needs. Policies and procedures were established and had been recently amended to include current guidance in order to ensure staff were able to meet the high standards expected.