Community Homes of Intensive Care and Education Limited

Argyll House

Inspection report

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Date of inspection visit:
04 January 2018

Date of publication:
13 February 2018

Ratings

Overall rating for this service	Outstanding ☆

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?	Outstanding ☆

Summary of findings

Overall summary

We undertook a comprehensive unannounced inspection of Argyll House on 4 January 2018. Argyll House is a 'care home' registered to provide accommodation and support for up to five people with learning disabilities. There were five people living at Argyll House on the day of the inspection. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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.

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

People receiving support from staff at Argyll House received highly individualised person centred care. Support plans contained detailed and personalised care plans and we saw that many people had been supported to have a full and meaningful life. People benefited from a large range of activities and interests provided, to ensure they were kept occupied, if they chose. There were many excellent opportunities to optimise people's social and stimulation requirements.

There was clear guidance for staff on how to meet people's individual needs and support them to develop their confidence and have their preferences met. We saw that people were relaxed and staff demonstrated a caring attitude. The service had ensured people's communication was maximised, which assisted an increased understanding and reduction of distress.

As the values and vision of the organisation and service had been integrated into everyday practice, people living with learning disabilities were able to achieve what they wanted in their lives and overcame obstacles to achieve positive outcomes.

People and their families, where appropriate, were fully involved in the development of their care planning along with health and social care professionals and Argyll House staff.

The service was outstandingly well-led. The service actively promoted a positive, inclusive and open culture. All staff showed a passion and commitment to providing the best support to enable people to have full lives. The registered manager had taken time to look into ways to improve safety and share this practice within the organisation. There were robust quality assurance systems in place, which monitored the service, identifying potential areas for improvement, and actions were taken to improve these.

Staff were highly motivated and worked as a team and shared a common ethos of providing high quality, compassionate care with regard to people's individual wishes and support needs. Staff were valued, well-supported and supervised by the management team.

Staff knew how to keep people safe, and how to report any concerns. There were enough staff to keep people safe. People received their medicines as they had been prescribed.

Risks to people were identified promptly and effective plans were put in place to minimise these risks, involving relevant people, such as relatives and other professionals. Where risks were more complex, comprehensive guidance was in place to guide staff, including the most effective approaches to use, or particular communication methods suited to the individual. Guidance was in place for staff so that they could mitigate risk, and support people to take sensible risks as safely as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA). We observed staff treated people as equals and individuals, offering them options whenever they engaged with them. Staff always endeavoured to enable people to maintain their independence and to make their own decisions.

People's privacy and dignity were highly respected, and this also was reflected in the detailed guidance provided within people's care records.

People were supported to follow healthy diets, and this had a positive impact on their wellbeing. They were also supported to access healthcare services when they needed to.

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.

Systems and processes had been developed to protect people from potential abuse. Staff had a good awareness and approach of safeguarding principles.

Care files had thorough risk assessments to mitigate each hazard to people's safety and welfare.

The service had a rigorous recruitment procedure to safeguard vulnerable people from the employment of unsuitable staff. People were kept safe by adequate staffing levels.

We found staff followed clear procedures to ensure safe management of people's medicines.

Is the service effective?

Good

The service was effective.

The provider and management supported staff to carry out their roles effectively.

Staff received MCA training and had a good awareness of how to apply this in practice.

People were protected from health risks and were supported to access appropriate external professional help in a timely manner.

People were supported to follow healthy diets.

Is the service caring?

Good

The service was caring.

We received feedback and observed lots of caring interactions when staff supported people. Staff demonstrated that people were the most important aspect of their roles.

People were supported to become more independent through communication and achieving goals. Staff respected people's privacy, as well we their dignity.

People were supported to maintain relationships and engage with people outside the service.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Feedback from relatives and professionals provided evidence of an outstanding service.

People were supported to progress their preferences and gain confidence in order to have fulfilling lives.

Care records were personalised to guide staff to provide highly responsive, person centred and holistic support.

People had many opportunities to take part in as many interests as they chose. The service showed a real 'can do' attitude.

People knew how to complain and any concerns were resolved appropriately and in a timely fashion

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The vision and values of the organisation had been truly integrated into the delivery of people's support and care.

There was excellent leadership in place and a structure that supported staff at each level. The registered manager and all staff showed enthusiasm and passion to continually improve people's outcomes.

Staff were involved, well supported and worked well together and were highly motivated to follow the values of the organisation.

There was a comprehensive system in place to monitor and

maintain the high levels of quality in the service.

The provider and service was striving for improvement at every opportunity.

Argyll 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 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.

This inspection took place on 4 January 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed information we held about the home including previous inspections and notifications from the service. A notification is information about important events which the service is required to send us by law. We also reviewed the local authority contract monitoring reports.

During the inspection, we spoke with the registered manager and three care support workers. Not all people in the service were able to verbally give us their views. Therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also sought feedback from three relatives. We also spoke with one person using the service. We looked at records including three care plans, two staff files, including information about recruitment.

We contacted five social and health care professionals and two visiting healthcare professionals and received feedback from the two visiting health care professionals and two social care professionals.

Good

Is the service safe?

Our findings

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. The provider, registered manager and staff had a good understanding of what was needed to keep people safe, particularly those with protected characteristics under the Equality Act 2010, such as disability. There was an organisational safeguarding policy and procedures and the registered manager had a good knowledge of the local authority safeguarding protocols. Staff had received training and understood how to recognise and report any concerns. They were aware that as most people in the service were non-verbal it was important to know the person well. This would then alert them to noticing any changes in behaviours, such as becoming more withdrawn or reserved around certain members of staff. This could indicate that people may be afraid. Safeguarding was discussed at each team meeting to ensure staff could share information and keep refreshed on requirements and any updates. We saw this was recorded in the team meeting minutes.

People were empowered to enjoy activities, which could place them at risk, in a safe and supportive way. For example, one person with epilepsy enjoyed swimming and found it relaxing. The risks had been considered including arm bands, leaving the person's medication with the life guard and ensuring staff stayed within reach of the person at all times. The registered manager told us the person had experienced a seizure whilst in the pool but this had been managed safely and therefore the person could continue to enjoy an activity without this being stopped due to the potential risks. A professional told us, "Argyll House takes issues of risk seriously. Their team communicate well and are consistently aware and looking out for situations where risk can occur. They do this in a thoughtful manner. They do not simply remove individuals from situations where risk can occur; instead they support their service users to be able to cope with situations which may put them at risk."

Where people had behaviour that could be challenging, staff had a good understanding of how these behaviours could present and how to manage them when they did. This information was recorded on Positive Behaviour Support Plans (PBSP) which contained information about what may trigger the behaviour, and how the behaviour may present. There were guidelines of what approach to take if the behaviours did emerge. This was in line with best practice guidance to reduce physical interventions as much as possible. A professional commented, "The PBSP's were thorough and detailed to a level that is typically very difficult in many other care homes. The staff knew the service users so well and were able to follow intervention plans to manage risk and safety very well."

The registered manager produced staff rota's that reflected the needs of individuals in the service. The registered manager told us, and we saw records, that staff had received training to keep people safe. This included staff being observed to ensure they were competent in areas such as administering medicines.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One relative said, "No worries whatsoever about staffing levels." During our inspection, we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. No medicines were given covertly, but there were policies and procedure in place if needed.

Regular medicine reviews took place and the registered manager explained how they worked closely with health professionals. This was to ensure that where possible, people were not receiving medicines that impacted upon them negatively. An example was given of a person who was prescribed constipation medicine on a regular basis. The service asked the GP if this could be given 'as needed' as the person was able to show them when they required the medicine. This had been agreed and was working well for the person. Where necessary, people had undergone a mental capacity assessment in respect of receiving assistance in receiving their medicines safely.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. There were cleaning schedules in place and we saw these had been completed. The home was clean and free from malodours. The home followed guidance as per the Food Standards Agency, 'Safer food, better business (SFBB)' which gives guidance around preparing and cook food safely. Staff had completed food hygiene training and we saw correct procedures were in place and followed when food was prepared and stored. For example, one person had an upset stomach and we saw measures in place to restrict this person's access to the kitchen whilst they were unwell.

Incidents and accidents were recorded and reported by staff to the registered manager. These were then investigated and actions needed recorded. For example, a person's leg had got caught between the wall and their mattress. Action to rectify this had been put into place. This was a buffer on the bed and we saw this in place on the person's bed. Records confirmed this incident had also been discussed in a team meeting and the person's family had been updated about the incident and action taken.

The registered manager received updates from their head office in respect of safety alerts arising from national or within their service. This ensured that information was available to highlight newly identified risks and how to minimise these, for example, use of equipment or new warnings associated with treatment or medicines. This information was then shared with staff during meetings or earlier if necessary.

Good

Is the service effective?

Our findings

People in the home had their physical, mental health and social needs holistically assessed. This ensured that their care and support was delivered so people had effective outcomes. Prior to moving into the service, a preliminary placement assessment report was prepared by the company's head of referrals. This ensured that the service could meet the person's needs and what support would be required. It also took into account people's compatibility with others already living at the home to ensure they would get on well with each other. We spoke with relatives who said they had contributed to their family member's care planning with staff and at formal care reviews. A relative said, "Yes we go to reviews and they respond to actions identified."

The staff team had a good knowledge and understanding of the needs of the people they were supporting. The staff team had received a thorough induction into the service when they first started working there and relevant training had been provided. This included training in the safeguarding of adults and equality and diversity. Relatives we spoke with were confident in the skills and experience of staff. One said, "They are very competent and I have no worries in their abilities."

Care staff completed the care certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.) The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. A member of staff said, "I feel really well supported. I have my scheduled supervisions but in between can approach [registered manager] at any time for advice." This meant the staff team could support the people using the service safely and effectively.

Once care staff were in post, records confirmed that staff received support through regular one to one supervision meetings with their line manager. A yearly appraisal also took place to evaluate the staff's performance and any ongoing needs or career development opportunities. Staff training records were maintained and staff also had access to further training and career development opportunities.

People were consulted about what foods they enjoyed. People were able to access food as and when they wanted it and meals were planned to ensure food was well balanced and healthy. Nobody in the service had any cultural or religious preferences around their diet. Where people had specific dietary requirements, these were met. We observed the midday meal. People helped to set up the table ready for lunch and staff joined people at the dining table. People were enjoying their lunch and we saw that some people had chosen different meals to others. People were relaxed and happy and staff were interacting with people during the meal and offering support where appropriate. We saw equipment was used to maximise people's independence when eating, such as a plate guard, to avoid food falling off the plate.

We saw that where people had complex needs or risks associated with eating and drinking, guidance was followed. For example, a person who could potentially have a seizure and choke was supported throughout their meals by a member of staff. We saw each person had undergone a choking risk assessment and that advice about what action to take if this occurred was in care plans. Staff had undergone CPR training and first aid to ensure they were able to take appropriate action if needed.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. A person who was at risk of developing a serious illness was monitored by one member of staff to ensure consistency and to ensure any changes were noted and acted upon without delay. The person's care records contained information on the condition and it was also in easy read print to explain to the person, providing them with access to important information.

People's rooms were furnished and adapted to meet their individual preferences. The colour of the paint, curtains and bed linen had been chosen by each person to reflect their choice. The rooms were homely and comfortable. The home throughout had an abundance of photo collages of the people in the house and staff. These showed the many activities and events that had taken place. There were individual photographs of the people in the house and staff in frames displayed on the wall. People's doors were decorated with lots of pictures and photographs of what they liked. This gave the home a very personalised feel portraying people's likes and preferences.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and understood how to support people in line with the principles of the Act. When people lacked the mental capacity to make a decision, we saw that a best interest decision had been made in accordance with legislation. For example, a person needed an operation and an assessment. A best interest meeting was held with the person, their Independent Mental Capacity Assessor (IMCA) and the doctor. A decision was made to proceed with the operation to improve the person's symptoms. This meant that people were supported with decisions in line with the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. This procedure is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any DoLS applications had been to the local authority to apply to the Court of Protection for authorisation. We saw DoLS applications had been made where people were not safe to leave the building alone, and access was restricted to the kitchen and laundry areas to keep them safe. The registered manager kept an overview of applications pending and in the interim ensured that any deprivation of liberty was the least restrictive. For example, one person's risks were higher at certain times so they ensured at other times more freedom was possible. Physical restraint was minimised by having a positive behaviour support plan in place and training for staff to minimise situations escalating.

Good

Is the service caring?

Our findings

As most people were non-verbal we asked their relatives for their opinions. We had comments such as, "Fantastic! Couldn't wish for anything better, just brilliant. It is a home from home", "Outstanding. There is not one thing I would change or add to make it better. It is perfect" and "I'm always made very welcome, given a cup of tea and can spend time with [name] alone." A professional told us, "The home is one of laughter and enjoyment. Staff go to great lengths to create a home and family feel, and involve the service users in everything, depending on their abilities."

Argyll House had a strong, visible person centred culture with motivated staff that showed real empathy for the people they supported. Staff had been carefully recruited to ensure they had the right attributes to provide people with kindness, respect and compassion. We spoke with one person in the service who helped to interview prospective staff. They told us they enjoyed taking part in this. The registered manager said the person's opinion was considered prior to appointing people. The registered manager said they also assessed if the interviewees interacted directly with the person as this was a good indicator of their suitability for the role.

Throughout the inspection we observed staff supporting people in a warm and caring way. For example, one person was not feeling very well and throughout the day we saw various staff offering kind words and acknowledging how the person was feeling. Staff described the people they supported with warmth and an enthusiasm for wanting to do the best for individuals. Trusting relationships had been built up and commitments carried through. For example, a member of staff told us they had agreed with a person to cook mince pies on Christmas Eve. Despite them not being scheduled to work on that day, they had come into the service to honour their promise. This was an example that it was not just 'a job' but that they cared about people enough to come in their own time. The member of staff said, "I could never not do this job. I belong here."

The registered manager told us how a person's keyworker had built up trust, which had impacted upon the person in a positive way. The person's room had been initially very bare as they struggled to cope with change. Over time the staff member had got to know the person and mapped their moods and behaviours. This enabled the keyworker to identify the person had high sensory needs and so they began to incorporate sensory elements into the person's bedroom gradually, being careful to introduce these only when the person was in a sustained, happy mood. The result was a room, which the person enjoyed spending time in. The person was fully involved in choosing furniture to incorporate their choice.

The interactions between people and staff were always appropriate, with the person at the centre. We saw, and staff told us that they had time to spend with people to provide care and support in a personal way. The service had ensured that each person had a one to one session with their keyworker at least once a week. This involved just the person and their keyworker doing the person's activity of choice. This included going to the cinema, for lunch, a coffee or anything the person chose. Staff said they enjoyed spending individual time with the person they were supporting and enjoyment at ensuring the person did what they chose and enjoyed. One person particularly enjoyed having a one to one movie night with a member of staff. We saw it

noted in records that the person really enjoyed spending individual time with their chosen member of staff. The registered manager had ensured that rota's were organised to ensure staff could spend time with people. A relative told us, "It's heartwarming. [Name] has her nails done and she is given all the attention she needs."

Throughout the day we saw staff interacting with people on a one to one level and they clearly had a good knowledge and understanding of people and their support needs. A professional told us, "Their [staff] knowledge of each service user's likes, dislikes always astounded me. Some homes struggle to tell me how the person communicates different things, what their favourite activities are, what their favourite foods are, what they like/dislike. Argyll rarely struggled to tell me this."

People received high quality emotional support. On the day of the inspection, we were told a person was not 'themselves.' The registered manager told us the person had recently been diagnosed with a mental health condition alongside their learning disability, which meant staff needed to know how to respond when the person was in a particular cycle of being unhappy. We noted that staff were aware that the person needed emotional support at this time and acknowledged with the person that they were aware of how they were feeling. They offered various options to support the person who eventually opted to spend time in their room. As the person received one to one support, staff would regularly check on the person. In order to make this less invasive, the registered manager was seeking advice around having a monitor in their room so staff did not have to keep disturbing the person by going in their room, which unsettled them. We also noted another person who experienced episodes of becoming unsettled and upset at certain times. The staff kept a record of the person's usual cycle of when this occurred, which meant they could plan support effectively around these times. This included the use of medicines to reduce the symptoms at these times. We saw the person's records provided detailed information on how to support the person if they became upset and staff were able to describe to us how they would do this.

The registered manager and staff ensured they supported people to keep in touch with their families. When a person is non-verbal it is important that relatives received feedback from the service to enable them to remain a part of the person's life and see what they were doing and enjoying. An individual monthly newsletter about a person was sent to their relatives explaining what they had been doing that month. If a person did not have a family member they chose who received this letter. We heard that one person sent theirs to various internal and external staff and enjoyed getting their feedback on what they had been doing. Families were encouraged to be involved with their relatives at Argyll House. Staff and relatives told us they had been invited for a traditional Christmas dinner with Santa visiting and exchanging gifts. We saw photographs of people enjoying this event. Relatives we spoke with said they were always made welcome when they visited, being offered a cup of tea. One said, "They make you feel at home." Another relative said, "They are not only fantastic with [name] but are good with us too."

The staff team demonstrated respect towards each other. The registered manager explained the importance of good staff relationships in order to ensure the home did not have an atmosphere. We saw on team minutes that staff were reminded of this and the importance of getting along. We heard from the registered manager that where staff were appearing to struggle working together, that the issue was tackled and the situation immediately improved. This meant that scheduling staff was eased, as the expectation was that staff worked alongside each other with people at the heart of all they did. We saw where staff were on maternity leave or long term sick leave they made visits to the home. There were numerous photographs of staff with their new babies and pictures of people living in the home cuddling them on visits. A family member said how lovely this was and how bringing children in brought life to the home and gave it a family feel.

The registered manager had recognised when people needed support from advocates or representatives to express their views. This is because it can be hard to understand what someone is saying if they do not use words to communicate. This is particularly important for a person who has no family members to help them understand their care and support needs. We saw a person had an advocate involved when dental treatment was required to help ensure the decision was in the person's best interest.

The service had used innovative ways of involving people to ensure the support met their individual needs and preferences and was exceptional at helping people express their views. An example of this was that as most people in the service were non-verbal. A monthly meeting took place with each person and their keyworker to review what activities the person had either enjoyed or not enjoyed. The service had recognised the importance of interpreting body language and facial expressions. People were assisted to express their choice, such as being given pictures relevant to a potential activity. For example, objects of reference, such as a picture of a person pushing a trolley to indicate shopping were used. The person could then give feedback about whether they were interested such as smiling, tapping the picture and being vocal. If they were not interested, they may turn their head away or snatch the picture away. We saw an example of this on the day. A person had indicated they wanted to go for a walk by getting their shoes and standing by the front door. The staff knew what this meant and the person was supported by a staff member to go on a walk as requested. The registered manager said that staff always responded and that often staff would take people for a walk in the early evening if that was what they wanted to do.

People's preferences were considered when scheduling staff. The registered manager and staff understood the importance of ensuring people were treated with dignity whilst receiving personal care. This is particularly important when a person has a protected characteristic, such as a disability and cannot always state their preferences. For example, one person always chose which member of staff they wanted to shower them. Those supported on a one to one basis were able to have some privacy when they required. We saw a care plan that stated the importance of allowing privacy for a person when they were on the toilet and suggestions for staff to change bedding and get towel and flannels ready during this time. There was advice about preparing the flannel with shower gel so the person could wash intimate areas themselves. Privacy was also assisted by the use of a listening monitor and checks every 15 minutes to ensure they were safe without them being under constant scrutiny which would invade their privacy.

Outstanding ☆

Is the service responsive?

Our findings

Staff had assisted people to achieve their potential in a truly individual way. A person, when they first moved to the service, had initially refused to sit with others, and would rock backwards and forwards for up to six hours a day. Providing care initially would take many hours and the person would not leave the house. Various professionals were involved but it was the building of trust and confidence with staff that proved to be the most meaningful. The registered manager told us that over time, the person began to have their meals with other people, were sleeping better and was taking part in activities. The person taught staff their sign such as 'Tea please' and also other signs they used. The person now makes drinks for other people in the house and for staff, using sign language. The person has started cooking and staff had helped the person to build up a cook book as an easy reference. It was noted that the person had a good grasp of using an iPad to communicate and do jigsaws and spelling. They were supported to buy an iPad and chose lots of apps. We were told a huge achievement was the person allowing physical touch. Over time they had agreed to having their toe nails trimmed, having previously needed a best interests decision to allow this to happen. We were shown photographs of the person with the Captain on a recent cruise. Staff told us they showed the person picture of activities and entertainment and they chose what they wanted to attend. The person had asked to go again next year!

The service had ensured that social activities were meaningful and met people's individual needs to live a full a life as possible. They did this by regularly seeking feedback from people about what they had enjoyed and not enjoyed and any new things people wanted to try. They did this by a member of staff responsibility for activities, meeting with the person and their keyworker and discussing what they had done each month. For example, a person who really liked swimming had refused to take part in swimming on occasions. Information had been recorded to evaluate why this was, such as the person not feeling well, the pool being too busy, cold for hot, or a particular person they don't like or they just don't like it. The identified reason was recorded so it could be used for future reference. The service had acknowledged that despite the activity not being enjoyed that month, it could be due to particular factors to take into account the next time the activity was offered. This was an example of the service going the extra mile to ensure that what people had enjoyed in the past were evaluated when the person appeared to lose interest. This ensured people did not miss out on future opportunities to enjoy the activity.

The service had established itself in the local community and had actively explored and built links with community resources. For example, fitness sessions had been sought in order to increase strength in a person's legs to improve their mobility and comfort. We also heard that a local therapist visited on a regular occasions offering therapeutic massage which people enjoyed. One person regularly fell asleep during this as they were so relaxed. Another person wanted to have a visit to spa but it needed to be the right environment due to their health condition. Staff had identified a suitable place and a visit had been arranged to meet the person's request.

People were given choices to try any new activities and observations were used to gauge people's enjoyment on these. For example, people had enjoyed going to a trampoline park and this was noted as a positive experience and one to do again. The service had found an activity centre that was adapted for

people in wheelchairs and we saw photographs of a person on a zip line. People were supported to follow any interests and take part in activities that were important to them. These took place in the community as well as in the home. The service found community activities where they could make new friendships alongside activities within the home. We saw many examples of people's preferences being met. For example, we heard a person had one to one support to attend a pamper session and then went shopping to buy Christmas presents for her family and other people in their house. There were many photographs around the home of holidays enjoyed. A person had said they wanted to go on a cruise and this was arranged for October 2017. Photographs showed what a great time the person had. A comment from a professional stated, "I've always felt that Argyll House has many elements that make them an outstanding home. They are led well by [registered manager] and the senior team who support staff to care for service users well. The staff are just so responsive to service user's needs. Things like a Hawaiian summer barbecue party and transforming the house into a winter wonderland, ensuring that everyone has Christmas and Birthday presents."

We heard from two other visiting professionals who provided feedback on the registered manager and staff at Argyll House. One commented, 'I have always been met with a high level of professionalism from all members of staff who support people whilst their procedures are being done. There is always a friendly atmosphere within the house with staff offering refreshment to all. I have seen musicians on site to entertain which is met with great enthusiasm. This is a great care home which sets its bar high.' Another said, "I have consistently found [registered manager] and her staff to be extremely open and willing to accommodate my session and try new ideas. They provide relevant information/feedback about health and wellbeing that is pertinent to the success of the sessions and welfare of the participants. Four of the residents enjoy the music sessions in the house, whilst the fifth has an interest in performing. Through the years the staff have worked in tandem with me, supporting and encouraging [person] to perform annually in an in-care company talent show which the person eventually won two years ago."

People's individual needs had been thoroughly assessed and implemented into care plans. Care plans were developed as on on-going process to reflect what was important to the person. This was in respect of both maintaining their physical health but also to receive support to live and full and enjoyable life having access to activities and interests they enjoyed. Families had been involved in helping to provide guidance where the person did not have the verbal ability to state their preferences.

Care plans had a pre-shift summary to enable a quick overview of people's communication needs, triggers and signs of behaviour that may challenge. This meant staff had access straight away to information necessary to keep people safe without reading an entire care plan which would take time and could impact on the person's safety. Care plans also had information on personal histories, social contacts and events, preferences, interests and aspirations. This meant each person had an individual support plan detailing each area of their life and what they needed to stay healthy and happy. People had life stories which provided information about their lives when they lived with their families, their education and other relevant information that would give staff a picture of the person they supported. Information recorded included; 'What do other people like and admire about me', 'Feelings', 'What is important to me' and 'What do I dislike.' Other information explained how people communicated with descriptions, such as sign for 'Thank you' with information that staff need to tap their chin likewise. There was also information to indicate a person may be hungry such as leading staff to the kitchen and going to the kitchen cupboards. Another person indicated they wanted to go out by getting their coat, bag and shoes and going to the front door. This meant the service promoted effective communication within the home.

There was information recorded about how to support people's independent skills. This included daily living skills such as taking their laundry to the laundry room and putting it in the washing machine and enjoying

sweeping or vacuuming. Another person liked to set the table at mealtimes, putting mats and cutlery out and helping to wash up afterwards. There was also information about how to provide choice to people. For example, one person's support plan said, 'Offer two choices, for example, two tops. It stated the person would either tap the top they wanted to wear or take it from the staff member. People's preferred routines were detailed in support plans such as usual time of getting up and what drink they liked to have upon wakening. It also stated one person would choose who provided their personal care. There was evidence that people's support had been reviewed with changes made where needed. For example, we saw an updated epilepsy care plan following a review.

There was a complaints policy and procedures but the service acknowledged that people themselves could not verbally complain as they were non-verbal. In each person's bedroom there was a pictorial reference of the people they could go to should they want to complain about anything. The monthly observation also reflected if things had not gone well for a person which had been captured observing people's body language or expressions. Relative's we spoke with said they would discuss any complaints with the registered manager and were confident they would be dealt with effectively. A relative said, "I've never had a complaint but I'm definite it would be dealt with satisfactorily. I have a good rapport with staff so would feel able to discuss openly."

The registered manager explained that sensitivity was needed when asking family views regarding end of life as this could be upsetting for them. The people in the service were mostly younger adults with parents involved and consulted appropriately. The service managed this by recording what was important to the person and an understanding that if a situation arose where someone may be approaching end of life they consulted with those relevant to ensure people's preferences and choices for their end of life care were acted upon.

Outstanding ☆

Is the service well-led?

Our findings

At the last inspection, a rating of Outstanding had been awarded to the Well Led domain as it had been evidenced that the registered manager was managing a service that was over and above what was expected of a similar service. This included people being supported in a culture where quality was expected. There was a clear vision within the home that inspired staff to want to do well and be part of the service and the service had an exemplary record in terms of compliance at previous inspections. At this inspection, we found the service continued to be outstandingly well led. This is evidenced in two other domains of this report which achieved an outstanding rating at this inspection. A visiting professional said, "I cannot speak highly enough of Argyll House. It was my experience that staff really cared about [people's] emotional wellbeing and that their wellbeing was always a priority. Argyll House was always a standout home for me, whereby their approach to care and wellbeing, as well as providing service users with quality of life, purpose and a sense of belonging always placed them as a benchmark home to which other homes should work towards." Another professional said, "I would say overall the home is outstanding. The staff energy levels and enthusiasm are high (and you can tell this is natural and not just because I am there). It just feels life a very natural homely environment and I always leave with a smile."

The registered manager had worked in the service since it opened 10 years ago. They showed a real passion and commitment to their role, ensuring the provider's vision to offer person centred care was fully delivered. The Choice Care Group had provided opportunities to drive improvement and progress further in their careers. For example, when the registered manager was assistant manager, she had completed foundation management development training. This had given her the confidence to apply to be the registered manager and they had been in this role for four years and said the training had assisted their style of leadership. The registered manager had gone on to further their skills by completing a 'Training the Trainer' course, They were now delivering training on leadership and delegation and had also taken on delivering training on 'Dignity and Values' for the West area. The registered manager had also identified staff to put forward to maximise their potential. A senior care worker was on the 'Fast Track Shift Leader' programme. The registered manager was overseeing training to take over the medication checks and ordering as well as testing the fire equipment and epilepsy equipment. There were also two apprentices in the home. A relative told us. "There is no-one else's care I would want (name) to be in. [Registered manager and assistant manager] are amazing."

The registered manager had thought of innovative ways to maximise people's safety. An example of this was the training they had developed. This involved making a recording of a simulated seizure demonstrating how this may present, actions needed and portraying timescales involving fetching and administering any medication. This had been re-enacted by staff members and gave the registered manager vital information about how a staff member may deal with a seizure and any further areas of training required. This is important as although staff receive epilepsy training and how to administer medicine, the first time a staff member witnesses a seizure may be at a time when there are less staff about to consult with and provided them with confidence in what was required. This improved people's safety. The video had been implemented throughout the organisation as an example of good practice around training.

The registered manager showed an enthusiasm to research options that could be implemented into the service. Following the Grenfell fire, the registered manager had researched and sourced equipment to ensure a person with mobility needs could be evacuated quickly and safely in the event of a fire. This was a sling that was fitted under the person's mattress. If the person needed to be evacuated urgently, the sling would be drawn up to envelop the person protecting them from falling and they would remain on the mattress with staff pulling the person to safety in a prompt and timely manner. This had been implemented into the person's safety plan and staff had been trained in its use.

We also heard that a medical professional had brought along two students to the service as they were keen to demonstrate a good example of a learning disability service. The professional commented, "I am impressed with the service. It is a pleasure to work with the manager and staff in supporting the individual."

Choice Care Group's values had been embedded into the leadership at Argyll House. These values included 'Providing positive and quality outcomes for people with learning disabilities by providing person centred services that listen to the people supported and enabling them to have power, choice and achievement.' Throughout the inspection we saw that these values were being implemented into ensuring people received individual care delivered with compassion, respect and safely. Staff had understood how important these values were and followed the provider's ethos by implementing them into their day to day practice.

The service had promoted and supported a fair, transparent and open culture for staff. We heard staff were selected carefully. A professional said, "The staff employed at Argyll are employed not only for their values for how they work with the service users and what they can offer them, but to work as part of a family atmosphere within a care team. They support the service users' and each other well. Whilst I rarely met the night staff, the day staff were fantastic. They were a pleasure to train in [positive behaviour support] as well and it was obvious that many of them already had similar values." The professional went on to describe a staff member who they had worked with to develop 'story sacks' for the service users to create more engaging stories with sensory elements to them. They said it would not have been possible without the particular staff's prior knowledge and passion for developing creative ideas to interact with Argyll's service users. They went on to describe the registered manager and assistant manager as having an, "Excellent senior approach to developing a caring atmosphere in the house, whereby their attitude is very much one of creating a homely feel, where the service users reach their goals and experience new things."

The registered manager had a good overview of the day-to-day culture in the service with visible leadership which inspired staff. A professional commented, "[Registered Manager] creates a homely, funny, safe and secure environment. The service users are at the heart of everything she does, as well as the staff." Staff were proud to work at Argyll House and were supported to maintain their motivation by being valued and respected by management. We heard that any conflict was resolved immediately to ensure that the home had a good atmosphere for people to live in. We found during the inspection that staff were actively involved in developing the service. This was evidenced by the methods adopted to ensure people's lives were enjoyable and meaningful to them such as activities and achieving aspirations.

Staff knew how to raise concerns including how to whistle-blow if they needed to. The registered manager was approachable and well liked and staff said they felt able to discuss any concerns openly, knowing it would be dealt with sensitively and effectively.

We saw the governance of the service was well embedded and improvements made in other areas of the service such as evidencing a truly responsive and caring service. There were clear roles and responsibilities which staff understood. This ensured that governance was well managed by staff with delegated roles to complete. Information had been recorded, reviewed and any improvements implemented to improve the

quality of the service. The service had been able to capture what they did well by keeping clear documentation and evidencing consistent and clear quality assurance of systems to identify any areas of concern so they could be addressed effectively. The registered manager had met their legal requirements to the CQC including submitting relevant notifications and other information.

Quality assurance systems included audits in all areas of the service. Examples of this were, checking that monthly care plans were up to date, actions and goals had been reviewed and progress updated, that they were signed and reviewed. A monthly key worker care plan audit took place looking at general behaviour, sleeping, eating, family contact, activities and level of participation or encouragement needed and health appointments. For example, we saw on one audit an action to ensure a dental appointment was added to someone's health action plan and we saw this had been completed. We saw falls were analysed to see if any trends were present such as times or areas of the house. This meant that information was learnt from and used to make improvements and drive quality.

We saw examples of how people were engaged with staff to ensure their involvement. Links had been made with the local community to ensure people enjoyed what was locally available. For example, the service had arranged for a professional to visit to do therapeutic massage with people. We saw this had resulted in visible changes in one person who had been resistant to all touch. Over time, the person relaxed and enjoyed the session. This had resulted in the person being less anxious about physical touch. For example, GP examinations were possible to able to assess a person's back condition and the person was now taking part in swimming sessions which had been refused prior to the sessions being offered.

We saw in other domains inspected that people were involved in all areas of their support and this was an important aspect of monitoring the quality assurance to improve the service. The service ensured feedback was sought and acted upon throughout the year, particularly around activities and interests and people enjoying happy lives. Families were asked for feedback on a yearly basis but also the service kept in touch with families to update them on relevant issues such as health.

The service worked in partnership with key organisations, including the local authority safeguarding teams and social work teams to ensure people received good care provision. Relevant information and assessments were shared with other agencies to benefit people who use the service. For example, records to monitor epilepsy were shared with the neurologist to assist their review and consider any changes necessary to treatment. A professional told us, "Staff always came to me if they were concerned about someone's behaviour or emotional sense of security. The team were quick to look for input and advice."

A professional summarised the service as: "Argyll House consistently go above and beyond what is expected of them as a care team. They quickly identify, respond to and anticipate their service users' needs, whilst respecting their dignity and autonomy. At Argyll House, service users aren't just 'service users' who need 'looking after'. They are people and their lives are enriched by all of the things that happen there."