

Green Light PBS Limited

September Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

September Lodge provides accommodation and personal care for five people who have autistic spectrum disorders. September Lodge is owned and operated by Greenlight PBS Ltd who run a number of services across Cornwall. On the day of our visit five people were living at September Lodge.

We carried out this announced inspection on 23 September 2017. The inspection was announced 72 hours in advance as this allowed the registered manager to prepare the people they supported at September Lodge to know that an inspector would be visiting their home. With this knowledge they were then prepared and were able to choose if they wished to be involved in the inspection process. At the last inspection, in October 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living at September Lodge and with the staff who supported them. People told us, "Good staff, good home, that's all you need to know, now you can leave", "I like it here" and "The staff are as good as it gets." Relatives told us they were, "Very happy" with the care provided and, "I know [relatives name] is safe there, the placement suits what she needs."

People received care which was extremely person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them.

Care and support was provided by a consistent staff team, who knew people well and understood their needs. The registered manager told us "The people we support are cared for, supported, they are loved. It's not just a job, its loyalty, commitment." In our discussions with staff we found that all had the same understanding and approach in how they cared for the people they supported. We also heard from staff how proud they were of people's individual achievements.

Transition work that staff undertook with people who were coming to live at September Lodge was individualised. For example, we saw personalised videos were used to introduce one person to the service so that they could see and become accustomed to the accommodation and surroundings that they would be coming to live in. The registered manager had met with the person, family members and other health and social care professionals to discuss how the person would best be supported with the transition from their current placement to September Lodge. The person was also encouraged to take part in decorating their accommodation, choosing colours, furnishings and to bring personal items so that it so that their room was completely decorated as they wanted it.

There were sufficient numbers of suitably qualified staff on duty. Staffing levels were adjusted to meet people's changing needs and wishes. For example, one person was admitted to hospital in an emergency situation and the provider ensured there were sufficient numbers of staff available to support the person throughout their hospital stay. This meant they responded to the person's changing health needs.

The service recognised and identified when people needed additional psychological support. For example,

when the person was admitted to hospital the registered manager was aware the person was in a vulnerable situation and needed emotional support from them. The registered manager told us "I told my family I need to be with [person name], I will see you in four days. The other staff did the same." The management team arranged for two recently recruited care staff who supported the person prior to moving to September Lodge to be part of the current support team at the hospital. This meant the person had some familiarity with some staff to help ease anxiety levels. This showed that the provider responded in a person centred way by ensuring that they had sufficient, skilled staff to support them in a crisis situation.

We were also given other examples of how staff listened to people and responded to their individual needs to come to find a positive way forward. For example, a person had difficulty with using the bathing facilities at the service. The registered manager said "We had to think outside of the box and use facilities that the person trusted which are not on site." This meant that they had to approach another venue that the person trusted to request their assistance. The person told us they were happy with the arrangement made and their aim was that they would be able to use the facilities in September Lodge in the near future.

A person said they wanted to have more direct contact with management. The person was allocated their own deputy manager to be responsible for overseeing their support plan and to ensure that it was adhered to each day. In addition following a request from the person, the registered manager downloaded a messenger application on their phone so that they had direct contact between them. The registered manager said this enabled the person to feel more confident that managers were available for them when needed.

People's support plans were presented in a format that each person could understand. For example, a person videoed their support plan. On the video they explained their health issues and how they needed staff to support them to manage their health condition. This demonstrated that the person was aware of their health needs, and how they wanted staff to respond to them. Alongside the video support plan was a written support plan. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. The support plan was also signed by the person which evidenced that they agreed with its contents and how staff should support them.

Care records were up to date, regularly reviewed and accurately reflected people's care and support needs. People, who received care, or their advocates, were involved in decisions about their support and consented to the care provided. Risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments.

People were supported to access the local community and take part in a range of activities of their choice. Staff supported people individually and in groups to attend work placements and activities of their choosing.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made

about their food.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A person had restrictions in place around accessing food. The approved Deprivation of Liberty Safeguards (DoLS) condition allowed the service to lock cupboards where food was stored. However the registered manager told us "It's not about locking cupboards it's about managing [the persons] condition. Locking cupboards would be a last resort." We saw the person was supported to access the kitchen, and had access to food and drinks.

People and their families were given information about how to complain. The registered manager and operational manager were visible in the service, regularly working alongside staff to provide care and support for people. There was a positive culture within the staff team and staff said they were supported by the registered manager.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff and surveys.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good

September Lodge

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 announced inspection took place on 23 September 2017. The inspection was announced 72 hours in advance as this allowed the registered manager to prepare the people they supported at September Lodge to know that an inspector would be visiting their home. With this knowledge they were then prepared and were able to choose if they wished to partake in the inspection process. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before 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 the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people living at the service, the registered manager, managing director and five care staff. We looked around the premises and observed care practices on the day of our visit.

We looked at two records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. We received feedback from four health and social care professionals about their experience of working with the service. After the inspection we spoke with one relative.

Is the service safe?

Our findings

People told us they felt safe living at September Lodge and with the staff who supported them. People told us, "I like it here" and "I am safe here."

A relative told us they believed that their family member was cared for and supported by competent staff. They felt that their relative was safe.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were effective systems in place to support people to manage their finances. Some people living at the service managed their own money with support from the registered manager. Advocates were appointed for some people and appropriate arrangements had been put in place to formalise this. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. A robust auditing system was in place to ensure that people's monies were monitored and were kept secure.

Care records included risk assessments which provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. People were supported to understand the risks in their daily living and agree ways of minimising risks without comprising their independence. For example, some people went out with staff support. The service regularly discussed with the person any potential risks they may face and agreed with them how they would be supported to ensure they were protected from harm.

New staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. There were enough skilled and experienced staff on duty to ensure the safety of people who lived at September Lodge. The number of staff on duty depended on what activities people living at the service were doing. The numbers of staff allocated for these activities was appropriate for people's needs and the assessed risks of the activity.

Incidents and accidents were recorded and appropriate action had been taken to manage areas of increased risk.

Medicines were managed safely. Medicines had been checked on receipt into the service, given as prescribed and stored and disposed of correctly. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. Staff supported one person to take some responsibility for their medicines and checked with them to ensure that medicines were taken as needed and appropriate paperwork was completed. For the person this allowed them to have some control over how they took their medicines. It also supported them to learn how to take their medicines safely with the aim that they may be able to do this independently at some point. During the inspection the pharmacist visited to remove unwanted medicines so that there was no over stocking of medicines. Staff had attended

appropriate medication training.

The environment was clean. A maintenance record was kept of any repairs needed and when they were completed. There was a system of health and safety risk assessment and smoke detectors and fire extinguishers were fitted throughout the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked.

Each person had their own Fire Emergency Evacuation Plan (PEEP). This was presented in a visual and written format so the person would benefit from understanding it in a more meaningful way. Fire evacuation procedures were tested regularly.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. Staff spoke knowledgeably about the people living at the service and knew how to meet each individual's needs.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which gives care staff, who are new to working in care, an understanding of good working practices. We spoke with two newly recruited members of staff they were both very positive about the induction. Comments included, "The induction is 2 weeks and 2 days. It is really good" and "I am new to care and the induction and training has been great." More experienced staff told us that when they attend refresher training, for example moving and handling, they attended the induction courses alongside new staff. Staff commented that this was beneficial for them as they got to meet new colleagues to the service and for new staff as they exchanged ideas about practice.

Staff told us they had good access to training and were encouraged to further their knowledge and skills. One commented "The training programme that is in place gives staff like me a massive step in the right direction before starting and through my career at Greenlight." Training covered understanding of autism, safeguarding adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control.

The organisation also provided on-going training and support in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people's quality of life using a range of person centred behavioural techniques. Staff were trained in Positive Behaviour Support (PBS) which is delivered by a Board Certified Behaviour Analyst.

Staff told us they felt supported by the management and they received regular individual supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the registered manager to further develop their training. The manager also held an annual appraisal to review their work performance over the year. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. People's care plans contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments.

People were supported to eat and drink enough and maintain a balanced diet. A weekly menu was in place and this was agreed with people at regular menu planning meetings. Menu planning was done in a way

which combined healthy eating with the choices people made about their food. Staff prepared the main meals for people. Some people helped in the preparation of their meals and they were supported by staff to do this. A person commented "Food is splendid." A staff member said "It's a communal home here, its really good everyone eats together, it makes such a difference for people to sit, talk with each other and share time with each other."

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf, this had been done in their best interest at a meeting involving key professionals and their family. A person had restrictions in place around accessing food. The authorised condition allowed the service to lock cupboards where food was stored. However the registered manager told us "It's not about locking cupboards it's about managing [the persons] condition. Locking cupboards would be a last resort." We saw during the inspection the person was supported to access the kitchen, and had access to food and drinks. The person was aware of their limits and when they spotted a cup of coffee, which was not theirs, checked that it was ok to have it before drinking it. This showed that the service worked with the person in the least restrictive way possible.

We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

Is the service caring?

Our findings

On the day of our inspection there was a relaxed, calm and friendly atmosphere at the service. We observed people had good relationships with staff and staff interacted with people in a kind and respectful manner. The staff team had developed caring and supportive relationships with people using the service. People told us they felt staff were "great" and "kind." A relative told us they felt staff were caring towards their family member and that "[Person's name] is very happy there."

The staff group all shared genuine care and commitment to the people they supported. The registered manager said "The people we support are cared for, supported, they are loved. It's not just a job, its loyalty, commitment." In our discussions with care staff we found that all had the same understanding and approach in how they cared for the people they supported. We also heard from staff how proud they were of people's individual achievements. Staff comments included; "We reassure our customers, when needed, about any worries or issues they may have and guide them through hard times. We are there for the customers 24/7 and care for them thoroughly to meet there needs. We care for our customers in a way that is person centred and adapt for the needs of the customers. We provide high quality support, which provided all the care that our customers need" and "We have a great team at September lodge where we work as a team to treat staff and customers with kindness and compassion, we support each other when needed and we treat customers and staff with full respect and preserve dignity at all times."

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff ask people their permission before undertaking any personal task and addressed people by their preferred name. Staff had individual time with people. We saw this occur throughout our visit and this was recorded in care notes. This demonstrated that staff took time to listen to people.

People's support plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that people had the confidence to make their own choices. People moved freely around the premises choosing to spend time in the lounge, dining room or their own room. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. On the day of the inspection one person helped staff with food shopping, and a person made drinks for people, staff and visitors. This meant people were able to maintain independence in their daily living.

The registered manager considered the gender of staff on duty when developing the rota to ensure that it met the needs of the people they supported, for example to ensure that female staff were present at particular times of the day/ night to assist people with personal care tasks.

The registered manager had supported some people to access advocacy services when they needed independent guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits to their families and regular telephone calls. Relatives had regular contact with people, either via visits, phone calls, skype or letter. People and their families had the opportunity to be involved in decisions about their care and the running of the service.

People gave us permission to look around their home including their bedrooms. The communal areas had art work on display that people had completed. The bedrooms were personalised to reflect their taste and were painted in the colours of their choosing. This showed that people were fully involved in decisions around their surroundings as well as their care. People were encouraged, with staff support, to open the door to visitors which showed people were being respected as staff saw September Lodge as the person's own home.

Is the service responsive?

Our findings

People spoke highly of the staff that supported them. Comments included "Staff are as good as they get", staff were "Kind" and "They don't lie." A relative told us that staff ensured they undertook individual activities with their family member as the person responded better to individual as opposed to group activities. The person's relative was happy that this was recognised and acted upon.

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose how they spent time during the day and which of the activities they engaged with. Staff explained that it was important for people to have choice and control over their lifestyle. One person preferred not to engage in many activities outside of the home. Staff respected their decision but ensured they spent more individual time with the person playing games that the person liked and spending time talking with them. This showed that staff respected people's choices in how they wanted to spend their time and responded to their preferences.

Activities were individualised. Each person had an 'activity pack' which was based on their own likes and preferences. In the 'activity pack' there was a variety of activities that the person could choose from on the day. For example visiting local attractions, going for walks, going to the gym and attending work placements. Staff told us that it wasn't just the activities that people were encouraged to take part in but also the planning of them. For example, one person had been on holiday to Disneyland and another person wanted to go. The person, with staff support, was currently involved in the planning of how this would be achieved.

Staff continually supported people to develop and increase their independence, and take more responsibilities for their own day to day lives. On the day of the inspection we saw some people went out to do their personal shopping and take part in activities around the service such as helping with the weekly food shopping for the group and doing household tasks.

People received care and support that was responsive to their needs because staff had been provided with detailed information about each person's individual needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them. The registered manager and staff told us about people's backgrounds and described the progress they had made and the pride they took in their achievements. This gave staff a deep understanding of what had made people who they are today and the events in their past that had impacted on them. In addition, along with the person, staff had summarised what was important to the person by compiling an 'At a glance booklet' which outlined the persons likes and dislikes, preferences, what others liked about the person and what was important to and for the person.

The registered manager told us about the transition work that they undertook with people who were coming to live at September Lodge. We saw individualised videos which were used to introduce a person to the service, so that they could see and become accustomed to the accommodation and surroundings that they would be coming to live in. The registered manager had met with the person, their family members and other health and social care professionals to discuss how the person would best be supported with their

transition from their previous home to September Lodge. Decisions were made using a best interest process which included, where the person would live and how the move to the service would be achieved. This process was detailed and included planned visits to the service of different lengths and times of day so that the person could experience the service as it was at all points during the day. The person was also encouraged to take part in decorating their accommodation including, choosing colours and furnishings, and bringing all their own personal belongings so that their room was completely decorated as they wanted it. The person had their own pet and part of moving to their new home also meant that they needed to ensure that their pet had the right equipment in place so that they could also move in to their new surroundings. The person told us that they were fully involved in this process.

We met with a person who had recently moved to the service. They told us "Good staff, good home, that's all you need to know." They showed us their accommodation and new items they had purchased to make it their home.

We reviewed the care records of a person who had transitioned to September Lodge. On a planned transition visit it became apparent that the person was physically unwell. The person needed urgent medical treatment and an operation. The registered manager was aware they did not know the person well but recognised the person was in a vulnerable situation and needed emotional support from them, as well as medical support from hospital staff. The managing director, despite the additional financial cost to the provider, ensured that two care staff supported the person throughout their whole stay at the hospital. The registered manager told us "I told my family I need to be with [person name] I will see you in four days. The other staff did the same." The management team also arranged for two recently recruited care staff who supported the person prior to moving to September Lodge to be part of the current support team at the hospital. This meant the person had some familiarity with some staff to help ease their anxiety levels. The registered manager believed that by spending as much time as possible with the person in this crisis situation, positive relationships would be built more quickly between the support team and the person. This showed that the provider responded in a thoughtful, person centred way by ensuring that they had provided additional, skilled, and caring staff to support the person through their crisis.

We were also given other examples of how the service responded to people in their preferred manner. For example, a person had difficulty with using the bathing facilities at the service. The registered manager said "We had to think outside of the box and use facilities that the person trusted which are not on site." To meet this person's need the service approached another venue that the person trusted, to ask for their assistance. Having fully assessed the situation through risk assessment and support planning, outlining how care was to be provided, an agreement was made about how staff would support the person to use these separate facilities. The person told us they were very happy with the arrangement that had been made, but this was a temporary arrangement, and that their aim was to be able to use the facilities in September Lodge in the near future. Staff had talked with the person in how they could improve their facilities at the service to enable them to use them. It became apparent that the person needed to feel settled room by room until they felt able to use the bathroom facilities. This demonstrated staff listened to the person and responded to their individual needs to come to find a positive way forward.

A person said they wanted to be able to have more direct contact with management. The person was then allocated their own deputy manager as part of their dedicated staff team, to be responsible for overseeing their support plan and to ensure that it was adhered to each day. In addition following a request from the person, the registered manager downloaded a messenger application on their phone so that they had direct contact between them. The registered manager said this enabled the person to feel more confident that managers were available for them when needed.

We looked at people's support plans. The support plan was always signed by the person, which showed that they agreed with its contents and how staff should support them.

We saw that support plans were presented in ways that had meaning for people. For example another person videoed their support plan. On the video they explained their health condition and how they needed staff to support them to manage this. In this they also included guidance from the dietician about what foods and drinks they could have. This demonstrated that the person was aware of their health needs, and how they wanted staff to respond to them. Alongside the video support plan was a written support plan. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. This demonstrated that information was presented in a format that each person could understand.

We found care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. A health and social care professional told us "I find that the staff are supportive and responsive. They are person-centred, supportive and have a communicative home manager."

Staff continuously looked for ways to improve care, so people had positive experiences and led fulfilling and meaningful lives. Each person was allocated a key worker, who supported people to organise their daily living and update their support plan. They also had a core staff team who worked with the person regularly so that they got to know the person they were supporting well, and the person knew them. At monthly care plan reviews people were encouraged to set goals and objectives. These goals and objectives were discussed with the person at each review to decide if these had been met, needed to be reviewed, or were still in process. For example it was highlighted that another person was expressing frustration due to the difficulties they had in being able to express themselves. The service requested the support of the organisation's behavioural analyst, who then reviewed the person's communication abilities. From this the behavioural analyst along with person's core staff team, worked with the person to improve their sign language skills so that the person's communication improved. Staff told us that the person had learnt more signs and that their level of anxiety and frustration had greatly reduced. This showed that the service had responded to this person's needs, and had worked alongside them to increase their knowledge on how to communicate in a more meaningful way. A health and social professional fed back to us "The team did appear to go above and beyond to support the person."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. The complaints procedure was presented in a written and pictorial format which meant that information was presented in a format that each person could understand. People had the opportunity in their monthly reviews to raise any issues or suggestions as they were asked about their experience of the service. People told us that if they had any 'worries' they would talk to the registered manager or staff. They felt the registered manager and staff listened to them and would respond to their concerns. Relatives echoed this view.

Is the service well-led?

Our findings

There was a clear management structure at the service. Green Light, the organisation which runs September Lodge, has a small number of management layers which support the delivery of the service. As well as a Registered Manager, who had day to day management responsibility for the service, there was also an Operations Manager. This role provides background support and acts as a link between the service manager and administrative staff supporting the service. In addition, each Green Light service is strategically managed by the Managing Director who is trained in Operational Leadership and Management as well as Positive Behavioural Support. Both additional layers of management make regular visits to each Green Light service to ensure services have appropriate support. This showed there was good communication between the managers of the organisation.

Documentation relating to the management of the service was clear and regularly updated. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met their individual needs.

The service benefited from the clear lines of accountability and quick effective decision making of the locally based management structure. It was apparent during the inspection that people both knew, and were comfortable with, managers from the organisation. This included seeing the managing director. One newly appointed staff member told us how they appreciated the managing director phoning them to ask how they had settled into their new role and ensuring they had enough support. The staff member said that they had not experienced this before and was impressed by how the management team cared for their staff as well as the people they supported.

Staff told us morale was good and staff worked well together as a team. Staff told us management were supportive and helpful. Comments included, "We have a good team here", "Managers are so involved" and "The support here is excellent." External professionals were positive about the strong leadership of the organisation and the availability of the managers at September Lodge. They told us the management team were receptive to ideas and suggestions and were person centred in all aspects of their work.

The registered manager or deputy manager was always present at the service. One of their responsibilities was to organise the shift plan for the day to ensure that people's care needs, and the daily tasks in the service such as preparing meals, fire tests etc. were allocated to staff members and completed. Staff confirmed the shift plan was completed daily and any actions that needed to be followed up were handed over to the next shift. This meant that there were clearly defined expectations for staff to ensure that they meet the needs of the service during their shift. In addition staff completed an 'end of day report' that is emailed to all September Lodge staff. This ensured that all relevant information was passed to all staff so that it prevents communication errors.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There was a robust auditing system in place to ensure that the service provided

quality care to the people they supported. For example we saw audits in the areas of care plans, medicines, fire, complaints and accident records. The registered manager worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff meetings were held to discuss each person's needs and support the staff team when the care provided for some people could be challenging. Staff told us the meetings were a good opportunity to discuss care practice and any other issues in the service. In addition senior management communicated with all staff using a variety of methods. For example, social media and newsletters.

Supervision and appraisal processes were in place to enable management to account for the actions, behaviours and performance of the staff. Staff remarked that feedback was beneficial as the organisation encouraged the development of skills and provided appropriate training. One commented "Fantastic support provided which is led by Green light who provide high standard training to mould people into being good support workers."

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these and were committed to them. We observed staff interacting regularly with people they supported and we saw these qualities demonstrated consistently.

Staff told us the service had a culture of fairness and openness and an approach, which encouraged people and staff to question practice. The service was transparent and open in the way it was run and this was clear from every aspect of the inspection evidence. For example as we gave notice of the inspection, the management team ensured that not only the people they supported were informed and prepared for our visit but also the staff. The staff were asked to provide feedback to the service by a 'mini' survey which was presented to us in how they viewed September Lodge. All of the feedback we received was positive from staff in how they viewed the support from management, team working and a clear emphasis on being supported to work in a person centred manner.

Management and staff told us there was a culture of learning from mistakes. Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were dealt with in an open, transparent and objective way.

The service had a positive culture that was person centred, inclusive and empowering. The provider kept abreast of current practices in the specialist areas of Autism, Asperger's syndrome, Epilepsy management and support for people with Learning Disabilities through close partnership working with specialist agencies. Specialist training was delivered to staff in these areas.

People and their families were involved in decisions about the running of the service, as well as their care, through on-going conversations with staff and management. Staff met with people they supported regularly to check they were satisfied with the support and care they receive, as were family members. We saw pictorial bi monthly surveys completed by people who used the service to show their level of satisfaction with the service provided at September Lodge. The service also gave out questionnaires to people's families and health and social care professionals to ask for their views of the service. From this they analysed their responses. The most recent survey resulted in positive praise about the support staff at September Lodge provided.

