

Norwood

# The Tager Centre

## Inspection report

Ravenswood Village  
Nine Mile Ride  
Crowthorne  
Berkshire  
RG45 6BQ

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Tel: 01344755632

Website: [www.norwood.org.uk](http://www.norwood.org.uk)

## 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

This was an unannounced inspection which took place on 15 May 2018.

The Tager Centre is a care home without nursing which is registered to provide care and accommodation for up to 16 people with learning disabilities. It specialises in supporting people who are on the autistic spectrum. At the time of our inspection there were 16 people living at the home. The home is split into four wings with four people living on each wing. All bedrooms are en-suite, with each wing having communal lounge, dining and kitchen areas.

At the last inspection, on 23 February 2016, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the service had improved to outstanding in two domains and therefore had improved to an overall rating of outstanding.

Why the service is rated outstanding.

The service was exceptionally responsive and strove to meet people's aspirations and lifestyle choices. It was flexible and readily adapted to meet people's changing, diverse and complex needs. It was extraordinarily person centred and people were seen and responded to as individuals. Activity programmes were creative and designed to meet people's individual preferences and choices. Care planning was highly individualised and regularly reviewed which ensured people's current needs were met and their uniqueness and individuality was respected.

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

The registered manager was extremely experienced, respected and highly thought of by staff, families and other professionals. She and the management team ensured the service was exceptionally well-led. The management approach was inclusive of all parties and there was a strong emphasis on developing all staff members, regardless of role, for the benefit of people living in the service. There was an open and transparent culture where all visitors to the service were welcomed and listened to. There was a strong drive to enable people to benefit from regular community presence and to have fulfilling and satisfying life experiences. The approach of the home was embedded so that new staff were incorporated into the ethos and values of the service in a seamless manner. The registered manager and the staff team were committed to ensuring they offered people the very best care possible and that people were as involved as possible in running the service. There were examples of excellent and consistent practice which had enhanced and improved the lives of people living in the service. These are detailed in the main body of the report.

The quality of care the service provided was constantly assessed, reviewed and improved by the provider,

people and the staff team. The service was run in line with the values that underpin "Registering the right support" and other best practice guidance. These values include choice, promotion of independence and inclusion. The service followed the principles that people with learning disabilities and autism can lead as ordinary a life as any citizen.

People's safety was contributed to by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect people and who to alert if they had any concerns. General operational risks and risks to individuals were identified and appropriate action was taken to eradicate or reduce them. All aspects of safety were considered and actions were taken to assist people to remain as safe as possible.

People continued to be supported by appropriate staffing ratios, which were reviewed on a daily basis. Staff were able to meet people's specific needs safely and took account of their diversity. The provider had robust recruitment procedures which ensure that all staff recruited were, as far as possible safe and suitable to work with people. People were supported to take their medicines at appropriate times and as instructed by trained and competent staff.

The service continued to be caring and responsive. The committed, attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was respected. People were provided with a range of activities, according to their needs, abilities, health and preferences. Care plans were reviewed by management regularly. Care plans contained up to date information and records demonstrated that risk assessments were reviewed within stated timescales. The service sought advice from and worked with health and other professionals to ensure they met people's needs in the most effective and comfortable way.

People were encouraged and supported to have maximum choice and control of their lives and staff helped them in the least restrictive way possible. The policies and systems in the service supported this practice.

The caring, committed and enthusiastic staff team continued to meet people's needs. They ensured they promoted people's privacy and dignity and communicated with them effectively.

## 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?

Outstanding ☆

The service has improved to outstanding.

The service is exceptionally responsive to people's needs, choices and preferences.

The service is extremely person centred and put people at the centre of all they do.

The staff worked particularly hard to help people to achieve their goals and aspirations.

### Is the service well-led?

Outstanding ☆

The service has improved to outstanding.

The registered manager is fully committed to providing the best possible care to people.

Staff and people are involved in all aspects of the running of the home and are wholly valued and respected.

Staff adhere to the values and vision of the service during their daily work.

The service is committed to reviewing and monitoring the service so they can take any necessary actions to improve people's life.

# The Tager Centre

## Detailed findings

### Background to this inspection

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

This inspection was unannounced and took place on 15 May 2018. It was completed by one inspector.

The provider was asked to send us a provider information return (PIR). This document is designed to provide key information about the service, what the service does well and improvements they plan to make. We gathered this information as part of the inspection visit.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at documentation for three people who live in the service. This included care plans, daily notes and other paperwork, such as health records. In addition we looked at records related to the running of the service. These included a sample of quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with people who live in the home. Some people had limited verbal communication but were able to express their views by facial expression, body language or staff understood the meaning of their individual communication methods. We spoke with six staff members, the registered manager, the deputy manager who was supporting the registered manager and the operations manager at the end of the inspection. We spoke with a visiting professional and three family members during the course of the inspection. We requested information from a range of other professionals, family members and staff. We received three responses from family members and none from visiting professionals. In addition, we received written feedback from 31 staff members.

## Is the service safe?

### Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse. Staff continued to receive training which covered safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns. There had been no safeguarding issues in the previous 12 months. We were confident that had there been any they would have been appropriately dealt with.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential harm to individuals. For example, risks associated with falling, attending activities and behaviour that challenges. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. People had an individual emergency and evacuation plan tailored to their particular needs and behaviours. The local authority quality team visited the service in December 2017 to carry out a quality assurance assessment. We noted from the report that no issues in relation to safety or safeguarding of people were found. No one whether spoken to during the visit or from communications following the inspection raised any safety concerns about the service or the people living there.

Staff received training in responding to behaviours that challenge the service. The training provided used positive behaviour support approaches and plans. The focus of the training was on de-escalation to actively reduce risk or the need for any form of restraint. Techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety or distress people showed at an early stage. It was clear that staff knew the people they supported extremely well. Relatives we spoke with were highly complementary about the care provided to their family members and expressed confidence in the safety procedures adopted by the service. People were relaxed and comfortable to interact with staff and ask or indicate that they wanted help or social contact.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed at the required intervals. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. There had been no reported medicine administration errors in the previous 12 months. A pharmacy inspection was conducted in April 2018 by a representative from the dispensing chemist. This was thorough in nature and included all four medicine cabinets/arrangements in each wing. There was advice provided within the report. This had been either acted upon or as a result of discussion and consultation with the pharmacist clarification and/or changes were implemented. We noted from the staff training record that that the majority of staff who were

medicines administrators were up to date with their medicines training. There were two staff who were overdue for medicine e.learning refresher training according to the record. It was acknowledged that there had been issues with the electronic recording of training when completed and the manager undertook to check whether in fact these staff were overdue or not.

The service continued to provide enough staff to meet people's needs and keep them safe. Each wing had its own designated staff team whilst staff would work on different wings as required for overtime etc. This enabled flexibility in staff deployment when demands fluctuated. It was acknowledged and recognised that staff familiar with individuals was crucial to providing a wholly person centred service. There were, generally a minimum of five staff during the day on each wing with the majority of staff working long days. This number was dictated by the demands of each wing and according to any changes in individual requirements. There were three waking night staff on duty each night to cover the service as a whole. Additional staff were provided to cover any special events or emergencies such as illness or special activities. Any shortfalls of staff were covered by staff working extra hours and bank staff. There had been a relatively high turnover of staff in the previous 12 months but the management team had worked hard to recruit additional appropriate staff so as to cause the minimum of disruption to people. Generally staff had left for positions which were either promotions or appropriate for their qualifications.

The provider organisation had safe and robust recruitment procedures in place. The required checks and information were sought before new staff commenced working for the service. We spoke with staff new to the service who confirmed they had completed an application form, references had been sought and a Disclosure and Barring Service check had been obtained.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practice when working with people who used the service. Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and lessons learnt were shared with the team.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people.

The service remained effective because people received care from staff who were highly trained and supported to develop the skills, knowledge and understanding needed to carry out their roles. We saw an answer on feedback forms to the question, 'What is good about the service', "The warm caring atmosphere, well selected and trained staff, and the excellent management." Staff told us they received very good training which they needed to enable them to meet people's needs and promote their choices and preferences.

A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. This was confirmed in discussion with staff. The training considered mandatory included, fire awareness, manual handling, medicines and food hygiene. We found staff received additional training in specialist areas, such as epilepsy, autism and managing challenging behaviour. This meant staff could provide high quality care to people who lived in the service.

Care plans provided information to ensure staff knew how to meet people's individual identified needs. A recent initiative to simplify the organisation of care plans had been successful and was almost complete. A relative spoken to at the inspection visit told us, "I am very happy with how [Name's] physical and medical care is attended to. The staff are fantastic I could not ask for more." Feedback the service obtained from relatives included a comment, "The staff there are very familiar with [name's] very particular needs and are extremely good at dealing with him even in the 'difficult times'!". People had documentation which covered all areas of care, including healthcare and support plans. People were appropriately supported with their health care needs. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. One visiting professional told us, "The staff are particularly good at implementing the advice and instructions I provide. They are very knowledgeable about the people they support".

Staff received formal supervision every two months as a minimum to discuss their work and how they felt about it. It was emphasised that support and guidance was an on-going and readily available resource which was confirmed by the staff we spoke with. Staff told us they had regular supervision and said they felt supported by their manager and the assistants. We were provided with documentation which confirmed the frequency of supervisions and appraisals undertaken and planned. Staff were confident they could go to the registered manager or other members of the management team at any time if they had something they wanted to discuss. One staff member told us that the support they received was, "To a very high standard."

People were involved in choosing menus as far as they were able. Any specific needs or risks related to nutrition or eating and drinking were included in care plans. Some examples included food suitable for



people with identified choking risks and weight management meal plans. The advice of speech and language therapists was sought, as necessary. Observations at the lunchtime period suggested that people enjoyed the food at the service and we were told they could always choose something different from the menu. Staff regularly consulted with people on what type of food they preferred and ensured healthy foods were available to meet peoples' diverse needs and preferences. Relatives spoken with told us that since the last inspection the onsite catering team was very strong and provided a good variety of nutritious meals relevant to individual needs. A food safety inspection had awarded a maximum five rating following their visit in March 2018.

People benefitted from monitoring of the service that ensured the premises remained suitable for their needs and was well maintained. The service had adaptations/facilities and made use of technology to meet the needs of people. On-going audits of the premises identified maintenance issues and/or re-decoration work that needed to be carried out and this was acted upon.

People's rights to make their own decisions were protected. During our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training which covered the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The authorisation 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 found that conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a system in place to ensure that annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations.

We saw that all relevant decisions made on people's behalf had been taken after a mental capacity assessment had been undertaken which was specific to the decision. This also provided the rationale for the decision and what the outcome would mean in practice. In discussion with the registered manager we heard there were plans to expand the use of the mental capacity assessment form so that the end to end process could be captured and recorded. This would provide detailed information about why the particular decision was required and how it would benefit the individual in their best interests.

## Is the service caring?

### Our findings

People were supported by a dedicated and very caring staff team who knew them well. People indicated by telling us, smiling or by their demeanour that they liked living in the home. People were seen to be comfortable and confident with staff. Three family members told us that they were confident with the care provided. People's wellbeing was protected and all interactions observed between staff and people living in the service were caring, friendly and respectful. A relative told us, "The staff manage to create an environment that is like home. They are always very welcoming." Another relative told us, "I have nothing but admiration for the care provided. It is quite honestly second to none. I feel very lucky that [name] lives here." Staff listened to people and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person extremely well. People were supported to make as many decisions and choices as they could or were able. People had detailed communication plans to ensure staff understood them and they understood staff. The plans described how people made their feelings known and how they displayed choices, emotions and state of well-being. Examples of the caring nature of staff were provided within relative's feedback. "Staff are very professional, caring, always treat our son with the greatest respect and aim to help him achieve his goals."

People's identified methods of communication were used so that staff could understand how people felt about the care they were receiving and the service. People were treated with respect and their privacy and dignity was promoted. Some comments from relatives included, "Tager staff are superb. They are always very welcoming, either when we visit or phone. When we ring through they always are very informative and helpful." Another said "Tager provides a professional service and a happy atmosphere." Staff interacted positively with people, communicating with them and involving them in all interactions and conversations. Staff used appropriate humour and 'banter' to communicate and include people. Support plans included positive information about the person and all documentation seen was written respectfully.

People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

People's right to confidentiality was protected. All personal records were kept locked in the offices and were not left in public areas of the service. The staff team understood the importance of confidentiality which was included in the provider's code of conduct.

## Is the service responsive?

### Our findings

The registered manager and staff team were exceptionally responsive in meeting people's complex and sometimes rapidly changing needs. Care staff knew individual's various methods of communication and responded quickly to people who were showing they needed help or assistance. They were also able to respond without delay to any signs of distress or anxiety. Staff interacted exceptionally sensitively and gently with people. A professional commented, "There is always a calm atmosphere in the service even at times when people have been expressing challenging or disruptive behaviour." A relative had provided feedback to the service, "We would like to thank team Tager for 9 years of outstanding support to our son. Without their encouragement, hard work and skills, he certainly would not be as settled as he is now." The staff team comprised of senior specialist support workers who had received specific training in working with autism conditions. These individuals were able to lead staff and model best practice to ensure that care and support was responsive, consistent and person centred at all times.

Whilst the service was located on a village style development there was considerable emphasis on adhering to the principles and values of the 'Building the right support' document. This drives the notion that people with a learning disability should have a good and meaningful everyday life where access to activities and important relationships are supported and promoted. In addition, the document asserts that people with a learning disability should have the same access to health and social care support as anyone else in the population. The Tager Centre followed these basic standards and continually strove to ensure that everyone received the best possible care and support which was person centred and had real meaning to each individual. This had been achieved by ensuring that access to the community, the pursuit of interests and maintaining relationships was embedded in care planning. Each unit had its own vehicle which could be used to transport individuals to activities or events of their choice. In addition, any particular interests such as music or crafts were sourced from outside the home and arrangements were made for these activities to take place within the home where appropriate.

The care and support plans had been completely reviewed and the implementation of a revised format was almost finished throughout the home. The new format made accessing the most relevant and up to date information much easier and simpler for staff and visiting professionals alike. Staff spoke favourably of the new format which was described as much more relevant and easier to access the most up to date information. People's records described examples of exceptionally responsive practice. This often took the form of working extremely hard to meet people's aspirations. One support staff member told us, "I have seen some truly amazing positive changes in the behaviours and confidence of many of the people who live here – I have worked in Tager since it opened." This had been accomplished by the staff team working together consistently with individuals, valuing their diversity and meeting their very specific needs and requirements for constant and reliable staff approaches.

For example, the service had enabled a person to verbally communicate their needs considerably more effectively. This work had been undertaken patiently and successfully over an extended period of approximately five years. When they first moved into the service this person had one verbal word they used to express all their needs from food and drink to activities they wanted to do. Inevitably staff would often

misunderstand what the person wanted which led to challenging behaviours arising from frustration at not being understood. The staff team worked together to find a solution. They eventually decided to introduce an electronic tablet as the person very much liked watching programmes largely designed for children and it was hoped that this would help reduce the behaviours.

It is thought that from the repetition of words spoken in conversation and songs within the programmes the person gradually started to say some additional words. When they used these words which staff understood and were provided with what they had requested the reaction was one of huge pleasure on the part of the person and great excitement for staff. This was a long, slow and very painstaking process but with the use of positive reinforcement and praise from staff, more and more words were gradually introduced, perfected and understood. This has taken nearly five years but the person now had a vocabulary of almost 40 words which were detailed within their care plan together with the pronunciation unique to this individual.

The outcome of this resourcefulness was that the person has gained much needed weight, was much happier and there was a marked improvement in their overall well-being. There had been a positive correlation between the amount this person verbalised and the reduction of behaviours that may concern. When this person first moved into the service it was not uncommon for them to spend the whole day in their bedroom with little or no interaction with anyone. Now this person spends up to six hours a day in communal areas, spending positive time with their peers and staff.

The service was extraordinarily person-centred and staff had an excellent understanding of people's needs. People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs and was truly responsive to their preferences. For example, there was one person who was unable to express their needs when they moved into the service eight years previously. This person's behaviour was very erratic and involved head butting of objects and damaging equipment and furniture. Through very dedicated staff support it became apparent that this person whilst unable to communicate verbally was very capable and intelligent. The staff team introduced a teaching programme designed for people with autism. This, combined with a meaningful timetable of activities, saw a gradual improvement and reduction of behaviours of concern. It was noted that this person had a great interest in a particular popular TV soap programme and when staff played bingo with other people living in the service. Through great patience and perseverance on the part of the staff this person was gradually able to learn and say the numbers together with the bingo 'slang'. This was a monumental achievement for the person. With staff praise and encouragement they went on to repeat all the numbers and participate throughout the game. The current position was that this person is now involved in a regular bingo calling session for people from other services which was held within the village site. This person's vocabulary continues to expand all the time and they experience a much more contented life style with only rare occurrences of behaviours that challenge.

Care staff were exceptional at recognising that for some people and their families any move, however small, towards more independence was hugely important. For example, one person who moved to the Tager Centre from the children's services on site showed particularly distressing behaviour with physical intervention being a regular occurrence. There were occasions where staff members had to be involved in physical restraint in order to keep all involved as safe as possible. It became apparent that some of these difficulties presented at particular times or in particular circumstances. One example was when the person was attempting a shower. Following staff attendance at a National Autism Society training course it had been suggested that a conventional shower head may feel like golf balls raining down on their head. As a result of this possibility a 'rain shower' head was installed and miraculously the behaviours when showering disappeared. This person had indicated their preferences for particular staff so their own dedicated staff team was introduced so that trust could be developed and maintained.

One long term goal was for them to go out in the car which they had always been reluctant to do. This began from a position of very rarely leaving the home. Gradually, with staff support they started to engage with brief walks which over time became longer and covered a wider area. In addition, table top activities which were enjoyed were very gradually moved outside during warmer weather. Then a car was very slowly moved closer and closer to the area of activity. By now this had taken a year of patient staff support and guidance. Eventually the person was encouraged to sit in the car whilst carrying out the activity. More very steady steps continued towards the ultimate goal. Finally it was seen as a major triumph when a visit to the shops to purchase a CD and a takeaway meal went smoothly, without incident and which was enjoyed. This is now a regular activity which this person frequently requests of staff.

The staff team was totally committed to supporting people to pursue their interests. Staff continued to offer people a wide variety of flexible and interesting activities that were meaningful to them as individuals. Individual activity plans were developed according to people's choices and needs. They were designed to increase people's experiences and enhance their choices of how they wished to spend time. Photographs were kept of people participating in specific activities so they could choose from pictures what they most enjoyed doing. Additionally activities were related to other aspects of people's lifestyles such as physical and spiritual well-being needs. These included, finding exercises people enjoyed doing. Everyone who lives in the service was offered the opportunity to go on a holiday of their choice and staff were flexible with their working hours so they could accompany them. People were supported with personal IT such as hand held devices to use for amusement, interest and development.

The service assessed people's needs regularly and a formal annual multi-disciplinary review took place. People were encouraged and supported to attend their reviews and to choose who they wanted to be present. In response to people's changing needs additional reviews were held as necessary. Support plans demonstrated that staff responded exceptionally quickly to people's changing needs.

The service made particular efforts to involve families (where agreed by people) with aspects of the care provided. This enabled them to see the work that goes on with other professionals and to provide their input. This had proved invaluable and helped the staff team to develop close relationships with everyone concerned. For example, families were invited to multi-disciplinary meetings where specific issues around people's specialised care were discussed. This created an environment where everyone involved could discuss and decide on the best way to support the person consistently.

The service did not tolerate any form of discrimination which was understood by the registered manager and the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. Staff training covered these principles. Throughout the inspection we saw staff conducting themselves in line with this statement. People's records showed that equality was embedded in the practice of the service. There were examples where explanations of peoples preferences had been provided for family members and visiting professionals to demonstrate that this was their choice and right.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. There was a strong emphasis on communicating effectively and consistently with individuals. Each person had a detailed individual communication plan in place to ensure staff were able to communicate appropriately with them. This ensured that staff were consistent in the way they communicated with individuals which resulted in less likelihood of people expressing challenging behaviour because they had not been understood or listened to.

Information was produced for people in user friendly formats such as easy read, photographs, pictures and symbols. The communication between staff and people was excellent and helped to reduce behaviours associated with frustration from not being understood.

The service had a robust complaints procedure which was produced in a user friendly format. The service had received no complaints about the service since the last inspection. Four compliments had been received from a variety of sources. The people, staff and other professionals we spoke with or received information, from were all highly complementary about the care provided.

## Is the service well-led?

### Our findings

People continued to benefit from excellent quality care provided by a staff team who were exceptionally well-led by the registered manager. The registered manager had considerable energy in driving improvements whilst supporting staff to achieve their full potential. There was significant emphasis on developing staff to undertake additional responsibilities and tasks. There were numerous examples of staff members who had achieved promotions which they attributed to the encouragement and support of the 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.

One relative described themselves as, "Extremely fortunate" because their family member lived in The Tager Centre. Family feedback included comments such as the service provides, "High quality and empathetic care". Another said they, "Support the residents to achieve their goals, no matter how small they may be". Other comments about an event were, "The effort invested by the teams entering the RED WHITE & BLUE competition was remarkable, really remarkable, and the displays were fabulous. Creativity, team work and hard work successfully combined!" One visiting professional described the rapport between staff and people living in the home as "Very good", and staff as, "always willing to engage". The registered manager promoted an open and welcoming culture where everyone was valued and staff respected each other. The inclusive approach ensure that everyone was heard and their views were respected whether they were family, visiting professional or staff members.

The registered manager had been in post since 2009. She was exceptionally experienced and knew the service and the individuals who lived there extremely well. She was totally committed to providing person-centred care to individuals. She was supported by a committed, experienced and knowledgeable staff team. People knew the manager very well and were confident to approach her if they wanted assurance or assistance. Staff described her as, "Highly supportive and approachable." Another staff member said, "The manager is fantastic she always comes and says hello when she arrives for work." This was an everyday example of how the registered manager made herself visible and accessible to everyone. She was described as always willing to listen and no suggestions or questions were unacceptable. Family members were also very complimentary about the registered manager. One relative told us, "She is simply outstanding." Another said, "I cannot tell you how happy we are to have [name] at the helm." Family members described being part of a family where everyone including them and the staff team were working together to enhance the life experiences of the people living in the service.

People benefitted because the registered manager had created an exceptionally open culture and had developed extremely positive values within the service. Staff received training in the values of the provider which were refreshed regularly. Additionally, staff fully subscribed to the registered manager's 'vision' which was for people to live a happy fulfilled life, to feel safe and cared for to the highest standards. Also, to enable the service users to try new opportunities and achieve goals they may not have experienced or previously achieved and to reach their full potential. The registered manager thought this could only be achieved with

the support of a confident staff team. The vision and values of the registered manager were reflected in management team and staff attitude, behaviours and the work they did on a daily basis. Staff told us they were very happy working in the service. Staff felt included with the development of the service and were involved with all decisions about improvements within the home and with the people they supported. Effective mentoring, supervision and support from the management team had developed a strong staff team who were confident in working with people with complex needs. Individual staff had been able to flourish and shine under the support of the registered manager and in so doing had taken on additional responsibilities and roles.

Care staff were kept involved, informed and up-to-date with new guidance so they were able to offer the best, most recent good practice. Monthly staff meetings were held and issues such as areas that needed development, procedural changes and information regarding legislation such as the Mental Capacity Act were discussed by the team. Within these meetings there was an opportunity for staff to discuss any concerns, compliments or practice issues. Staff told us they felt that they and their opinions were valued and they would not hesitate to discuss any good or poor practice issues they had identified. They said the registered manager welcomed their comments and ideas and acted upon them when appropriate. The registered manager noted that the meetings could serve as a 'sounding-board', allowing for discussion to take place to find creative solutions to issues and could lead to innovative problem solving. The registered manager had introduced a newsletter called The Tager Times. This was described as a newsletter for those who live and work in Tager. It included information and pictures of outings and special events people had been involved in and congratulations to people and staff for a range of achievements. The newsletter had been very effective in keeping everyone including in events and developments with the service and particularly for those family members or professionals who were unable to visit the home very often.

The service was exceptional at taking into account the views and opinions of people, their families and friends. Service user meetings were held and staff were creative in eliciting people's opinions if they chose not to join in the usual meeting format. The service also held regular keyworker sessions (allowing staff to have one to one sessions with people) which ensured people were as involved as possible in decision making about their care and lifestyle choices. A variety of communication methods were used to achieve people's understanding of the discussion. They included using pictures, symbols, technological aids and individual communication systems and staff recording facial expressions or noises that people made to express their feelings.

Exceptionally good governance was a feature of the service which benefitted people who lived there because it ensured the quality of care was maintained and enhanced. The provider strongly supported the effective governance of the service and senior managers were visible and involved in the development of the home. A variety of auditing and monitoring systems were in place. For example, a full and thorough health and safety audit was conducted in March 2018. This provided a range of recommendations and actions which were being addressed. The registered manager or other senior staff completed regular audits of care plans, medicines and other records. Senior staff (including the registered manager) worked alongside staff, on a daily basis which ensured good practice was modelled and maintained. Operation manager visits were undertaken regularly with a full audit of the service completed every six months. A written report was produced with necessary actions and timescales for completion agreed with the registered manager. A continuous improvement plan for the service had been introduced which identified all required actions resulting from all reviews and audits. This was a live document which was updated as each item was addressed or others came to light. The effect of this continual monitoring was that initiatives and improvements were constantly addressed and ensured that people had their needs and that of the service always in the forefront of thinking.



Actions taken as a result of listening to people, staff, other interested parties and the various auditing systems were wide ranging. They included, increasing the accessibility to outside activities during poor weather, replacement of carpeting where required, the variety of experiences people had and increasing the communication skills of staff and people. However, there was an atmosphere of continual improvement where all staff were active and engaged with driving the service forward and progressing the quality of life for people.

The service continued to work extremely closely with community professionals to ensure people received the best possible care. The registered manager understood the importance of working within a multi-disciplinary team that focused on person-centred care. She had built strong relationships with local authority and health service partners. One visiting professional told us that staff were always very knowledgeable about individual people and were clearly focussed on their needs. This demonstrated that staff were constantly updating themselves about peoples changing needs and were able to articulate them clearly and concisely.

People's records were detailed to a very high standard. They were totally person-centred and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences and choices. Whilst the service was underpinned by the principles of the Jewish faith it was apparent from records seen that anyone who was non-Jewish had their wishes and religious preferences addressed. They had been produced in a simpler format and organised to ensure they were as easily amended and accessible as possible. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC). They were submitted appropriately and within the required timescales. The registered manager was very knowledgeable about new and existing relevant legislation such as the accessible information standard and the duty of candour.