

Calcot Services For Children Limited

Roebuck Rise

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

About the service

Roebuck Rise is a care home without nursing, which provides a service for up to four young adults, who are being supported to leave care. The service is registered to provide support to young adults living with autism, learning disabilities and other complex needs. At the time of the inspection, the service was supporting two young adults with a variety of complex needs.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Roebuck Rise was able to demonstrate how they were meeting all of the underpinning principles of Right support, right care, right culture.

Right Support

- Staff supported people to have the maximum possible choice control and independence to enable control over their own lives.
- People were supported to make decisions following best practice in decision-making and staff communicated with people in ways that met their needs.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes.
- People were supported to play an active role in maintaining their own health and wellbeing.

Right Care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. Staff had training about how to recognise and report abuse and they knew how to apply it.
- Staff were knowledgeable about and committed to using techniques that promoted the reduction in restrictive practice.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people living with complex needs, a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.
- Staff placed people's wishes, needs and rights at the heart of everything they did.
- Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Roebuck Rise

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Roebuck Rise is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The current manager had applied to become the registered manager, but the registration process had not been completed prior to the manager being appointed to new position with another provider. The current deputy manager had been selected to become the new manager and was being supported by the present manager to complete the CQC registration process.

Notice of inspection

This inspection was announced. This inspection had to be rearranged on two occasions in 2022 due to the

inspection team contracting COVID-19 and a subsequent outbreak within the staff team at the service. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection and to confirm the COVID-19 outbreak was over.

What we did before the inspection

We reviewed information we had received about Roebuck Rise since it first began to provide a service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority, safeguarding team and other health and social care professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We asked the registered manager to prepare some documents in advance of visiting the service's office. We used this information to plan our inspection.

During the inspection

We spoke with two people about their experience of care and support provided by the service. We spoke with the manager, the nominated individual and the deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including two people's care records and medicines administration records and five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and spoke with four community health and social care professionals who engaged with the service and six staff members. We requested and received further records, quality assurance documents, and were provided with a variety of additional evidence for consideration.

Is the service safe?

Our findings

Systems and processes to safeguard people from the risk of abuse

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were kept safe from avoidable harm by staff who knew them well and understood how to protect them from abuse. People told us they felt safe and trusted the staff who supported them. One person told us, "Sometimes we disagree but I know they [staff] are always looking out for me." Another person told us, "Yes, I feel safe here and know I can talk to staff if I am worried."
- Staff completed safeguarding training, which was refreshed regularly to maintain their knowledge and to update them on any changes in guidance. Staff knew how to recognise and report abuse, both internally and externally. One staff member told us, "The managers make it so easy to raise concerns and seek advice if you're concerned that [people] might be putting themselves at risk."
- The provider worked effectively with other professionals and relevant authorities, to keep people safe. Professionals supporting people told us that staff promoted a safe, consistent atmosphere that met people's individual needs. One professional told us, "[Person] is a vulnerable young adult and staff have always been there for him to discuss any concerns he may have about feeling threatened or intimidated by others, and I believe they have a good grasp of when and how to educate [person] on risks regarding certain behaviours, and how to protect himself from others."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and comprehensively assessed. People told us the manager, deputy manager and staff had spoken with them about how they wished risks to be managed. Staff could explain how they minimised risks to people's health and well-being. For example, the support people required to mitigate the risks associated with self-harm, behaviours which may challenge others, being missing from care, and sexual and criminal exploitation.
- Risk assessments were reviewed regularly with people and representatives where appropriate, staff and multi-disciplinary team professionals. Regular review ensured risk assessments were up to date and accurately reflected people's changing needs.
- Staff supported people to remain safe whilst maintaining their freedom and giving them choices, in accordance with their support plans.
- People experienced living with complex needs, including autism, attention deficit hyperactivity disorder (ADHD) and emotional unstable personality disorder (EUPD). ADHD is a condition that includes symptoms such as being restless, having trouble concentrating and acting without thinking. EUPD is a condition that affects how you think, feel and interact with other people, including being emotionally unstable and having upsetting thoughts, with associated behaviours. People had detailed positive behaviour support plans, which detailed how to meet people's complex needs and keep people and staff safe.
- Staff were vigilant for the signs that people were experiencing emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff had worked closely with people to enable them to recognise the triggers of their distress and had developed coping strategies to prevent the feelings escalating.

- Staff worked with people and multi-disciplinary teams to look at how they managed risks to themselves and to others. Each person had a detailed individual risk assessment which was subject to regular review by people, their representatives, appointed advocates and supporting health and social care professionals.
- People told us they were involved in managing risks to themselves and in taking decisions about how to keep safe. One person told us they had been supported by an advocate but had disengaged with the process because of the strong bonds they had developed with staff. Another person told us they felt well supported by their leaving care personal advisor. A personal advisor acts as a focal point to ensure a care leaver is provided with the correct level of support.
- The provider had contingency plans and risk assessments in place to keep people safe in the event of foreseeable emergencies such as fire, floods and loss of utilities.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. For example, the service had enough staff, for people to take part in activities and visits, how and when they wanted. People told us that the manager consistently arranged rotas to ensure the most appropriate staff were available to support people with their chosen activities.
- Staff recruitment, induction and training processes promoted safety. People told they enjoyed being involved in the staff selection process.
- People and professionals told us people experienced good continuity and consistency of care from regular staff who knew them well.
- The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.
- The provider checked prospective staff's conduct in previous care roles and their right to work in the UK. Where necessary the provider had completed risk assessments to assure that applicants were suitable to support people living with a learning disability.
- The manager completed a staffing needs analysis which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. This was confirmed through staff rotas reviewed.
- Every person's record contained a clear one-page profile with essential information, including 'dos and don'ts' to ensure that new or temporary staff could see quickly how best to support them. At the time of inspection, the service was not using agency staff.

Using medicines safely

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people about their medicines.
- People received support from staff to make their own decisions about medicines wherever possible. One person told us, "They support me to take my medicines the way I want to and when as long as I'm safe." We saw a person taking their morning medicines independently, whilst being unobtrusively observed by staff to ensure they had taken the medicine safely, as prescribed.
- Where people had PRN medicines, for example for pain or anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and how to record their use.

- Medicine administration records demonstrated that people had received their medicines as prescribed, in a way they preferred, in line with their medicine management plans.

Preventing and controlling infection

We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had a clear understanding of the current guidance regarding visiting people in care homes. People's family and friends didn't generally visit the service. However, there were procedures in place to enable safe visiting, should they wish to do so.

Learning lessons when things go wrong

- The manager had developed an open culture, where staff were encouraged to report incidents. Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- Staff managed incidents affecting people's safety well. Staff recognised incidents, which they reported appropriately. Managers thoroughly investigated incidents and shared lessons learned.
- The management team took prompt action to implement the required learning identified from incidents, accidents and near misses. For example, devising positive behaviour support strategies to de-escalate people's anxieties.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Support plans set out people's current needs, promoted strategies to enhance their independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Prior to moving to Roebuck Rise each person had a personal advisor appointed to support them to create a pathway plan. A personal advisor acts as a focal point to make sure a young person leaving children's services gets the right support as they move into adulthood. People's pathway plans set out their needs, views, future goals and the support they will receive. The pathway plans also considered people's aspirations in relation to their health, education, employment, finances, social needs, relationships and accommodation.
- Personal advisors told us care planning reflected continuity and progression towards people's longer-term goals. For example, one personal advisor told us, "The staff have done a good job working with [person] to build their confidence and promote their independence." A mental health social worker told us, "[Person] is involved in all appropriate support planning and his views and wishes have been consistently sought when planning his care. Staff have been very supportive of [person's] longer-term goals and have a good ability to work alongside him."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant, high quality training in evidence-based practice, in the wide range of strengths and impairments people may have. This included, autism, mental health needs, communication tools, human rights and positive behaviour support, including PACE (Playfulness, Acceptance, Curiosity and Empathy). PACE is a way of thinking, feeling, communicating and behaving that aims to make young people feel safe.
- Staff completed accredited training to enable them to continuously apply best practice, in line with the Restraint Reduction Network Training Standards. These are ethical training standards introduced to protect human rights and minimise restrictive practices.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.
- During the inspection, we observed staff consistently interacting with people in line with their PACE training and people's support plans. We saw staff encourage people to do household and personal tasks, often using their knowledge of the person's sense of humour to motivate them.
- People told us staff knew their health and wellbeing needs well. One person told us, "They [staff] know

how to respond to me and get the best out of me, which is usually through having a laugh." Another person told us all staff were empathetic and good listeners. The person told us "[Staff] know me really well and support me to do what I want. They [staff] listen to me and help me to talk about things."

- The service had clear procedures for team working and peer support that promoted good quality care. Staff told us they were well supported by the management team, through a framework of supervision, appraisal and recognition of good practice. Staff were able to explain how their training and personal development related to the people they supported. □
- Staff underwent an induction programme, which included periods getting to know the person and shadowing an experienced colleague. Staff told us their training had fully prepared them to meet people's complex needs. One new staff member told us, "The manager's and staff have been amazing. They [staff] made me feel part of the team from the outset and were all willing to spend time showing me how to do things particularly how to interact with [young people]." One staff member told us, "The training about autism and PACE was really great and opened my eyes to how we should be caring for [people]."
- Staff were knowledgeable about and committed to using techniques to eliminate restrictive practice. □

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing their food, shopping, and planning their meals, to support them to eat and drink enough to maintain a healthy, balanced diet. Staff promoted people's independence by encouraging and supporting them to participate in preparing some of their own meals. For example, one person was being supported to cook their favourite meals which they normally ordered from a fast-food outlet.
- Staff supported people to make healthy choices about what they ate and drank to improve their diet, which had a positive impact on people's lives.
- Staff could tell us about the unique needs of each individual and the support they required to maintain their health, for example; those who required support to choose healthier options.

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff quickly provided effective support when needed. For example, one person told us, "They [staff] can tell when I need space alone and when I need to talk."
- Staff promptly referred people to other healthcare services if they had concerns and worked effectively with other agencies, including personal advisors, social services, case managers, and other health and social care professionals. One person told us, "They [staff] are helping me to see a dentist and are always talking to me about cleaning my teeth."
- Staff worked effectively in partnership with health and social care professionals from different disciplines to benefit people and make sure there were no gaps in their care. Health professionals including psychiatrists, psychologists and community mental health teams consistently told us staff effectively followed their guidance, to ensure people's support met their needs.
- Each person had a health action plan which reflected the support they required to maintain good health and mental wellbeing, including an annual health check, screening and primary care services, in line with best practice for people living with complex needs.
- The manager and nominated individual ensured people's personal advisors, appointed representatives and multi-disciplinary team professionals, were involved in developing support plans to improve people's care.

Adapting service, design, decoration to meet people's needs

- People took pride in their home and happily showed us their personal rooms. People had personalised their rooms and were included in decisions relating to the interior decoration and design of their home. For example, one person had a gaming station and fitness equipment including weights and a punching bag.

- The environment was homely and stimulating. The design, layout and furnishings in the home supported people's individual needs.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The service was working within the principles of the MCA.

- Staff were skilled in how to obtain people's consent for care and treatment, involving them in related decisions and assessing capacity when needed.
- We observed staff empowered people to make their own decisions about their care and support.
- Staff respected the rights of people with capacity to refuse their medicines, whilst exploring their understanding of the potential consequences if they did not take their prescribed medicines. Staff ensured that people with capacity gave their consent to take their prescribed medicines and other aspects of their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt valued by staff who showed genuine interest in their well-being, quality of life and created an open, inclusive atmosphere.
- People told us they experienced close relationships with the manager, staff and designated keyworkers, with whom they had developed strong bonds. A keyworker is a named member of staff who has a central role in respect of a person, getting to know the person in an enhanced way including their case history and the details of their needs. One person told us, "The staff are good to me and I really like[keyworker]. I feel safe and I am able to do so much more now."
- Personal advisors, care managers and health and social care professionals described the provision of support by staff to be caring and compassionate.
- Staff spoke with pride and affection about the people they supported. One staff member told us, "I have never been so happy at work. If you can see how far [people] have come. It's amazing. I'm just so proud."
- People were well matched with their designated key worker and as a result, people were at ease, happy, engaged and stimulated. During home visits we observed people consistently received kind and compassionate care from staff who used positive, respectful language, which people understood and responded well to.
- Staff told us the management team allocated enough time for them to get to know people, which enabled them to understand people's care and support needs, wishes, choices and any associated risks.
- Staff told us it was important to be patient and use appropriate and different styles of interaction with people, depending on how they were feeling. One staff member told us, "The managers are great at showing us how to interact with [people] to develop our skills and understanding about how to reassure people and reduce their anxieties."
- Professionals and relatives told us that people's complex needs and behaviours were supported by staff who were alert and responded promptly to emotional communication, frustration and signs of distress. A professional told us, "Staff are fully aware of [person's] vulnerability, his risks to himself and others, and have a really positive approach in working with these."
- We observed people making choices about how they wanted to spend their time. The management team and staff demonstrated high levels of commitment and flexibility to meet people's wishes.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and were given time to listen, process information and respond. We observed staff were calm and attentive whilst supporting people to express their views and be

involved in making decisions about their care and planning daily activities.

- Warm and respectful interactions demonstrated that staff had taken the time to understand people's individual communication styles and develop a friendly rapport with them.
- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. One person told us, "I speak with [manager and staff] at any time. I speak with [deputy manager] cos she really gets me and we [people] have house meetings to raise things if we're not happy."
- People, their representatives and personal advisors, took part in making decisions and planning of their care and risk assessments. We reviewed records which clearly demonstrated people's wishes in relation to whom they wished to be involved in their health care planning and decisions.
- People told us staff were very good at supporting them to maintain links with family members and friends.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences and develop new skills to promote their independence. We reviewed care plans which identified personal goals, aspirations and supported people to achieve greater independence. For example, through attending college and work placements. People and professionals spoke passionately about the commitment of staff to promote their independence and achieve their goals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans and support plans. For example, staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Visiting health and social care professionals reported that the provider placed people's needs and wishes at the heart of their service. They told us that staff were focused on providing person-centred care and support which consistently achieved successful outcomes. For example, people experienced person-centred care, which had significantly reduced the level of behaviours they experienced which may challenge others, and the incidence of self-injurious behaviour. This had enabled people to access the community and take part in stimulating activities, work and educational opportunities, which had enriched the quality of their lives.
- People and professionals told us that staff spent time exploring people's goals to ensure they were meaningful and achievable. For example, we observed the manager explore one person's enthusiastic wishes and ideas to take part in a fund-raising activity for a famous televised charity being broadcast the week of our inspection.
- People were supported to maintain relationships that were important to them. For example, one person was supported to develop their confidence using public transport, to enable them to visit a close family member who lived in a different part of the country. People who were living away from their local area were able to stay in regular contact with friends and family via social media.
- People and personal advisors were fully involved in the planning of their care and support. They consistently told us the manager was passionate about enabling people to have as much choice and control of their lives as possible. For example, one person was sensitively supported by staff and counselling to explore gender uncertainties. Another person was supported to understand boundaries in relation to appropriate sexual behaviour.
- Staff had opportunities for learning, development and reflective practice on equality and diversity, which influenced how the service developed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of people's individual communication needs. We observed staff knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were motivated by staff to reach their goals and aspirations and supported to participate in their chosen social and leisure interests on a regular basis.
- People were supported to engage in meaningful activities and maintain relationships important to them. Professionals were impressed by the support provided to people to maintain relationships that were important to them in the face of complex circumstances.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests.

Improving care quality in response to complaints or concerns

- People and their representatives were provided with a copy of the complaint's procedure, which was available in an easy read format, and they knew how to use it. People were confident the management team would listen and take appropriate action if they raised concerns.
- The service had received no formal complaints, although people had raised some minor 'niggles' in their individual 'grumble logs'.
- The manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, which they shared with staff. This included all issues raised within people's grumble logs."
- The manager used feedback to drive improvements in the service. People, their representatives and professionals told us the manager worked hard to make improvements to improve the quality of people's lives.

End of life care and support

- At the time of the inspection none of the young adults were in receipt of end of life care or anticipated to be so in the immediate future. Due to the sensitive nature of the subject and the complex needs of people, their wishes had not yet been fully explored.
- The manager undertook to explore this area of support with people, their personal advisors and health and social care professionals to ascertain when and how this could be achieved without causing distress to people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager, deputy manager and nominated individual had developed a culture of care within the service, in which staff valued and promoted people's individuality, protected their rights and enabled them to flourish. People told us the management team were highly visible and invested time to take a genuine interest in what people had to say.
- Staff consistently told us they felt truly respected, supported and valued by the manager and deputy manager. One staff member told us, "This is the best place I have ever worked. [Manager and deputy manager] are just so kind and helpful. They make you want to come to work and do your best for [people]"
- The manager and deputy manager worked well together to motivate and inspire their staff, which had resulted in a strong team spirit. There was a collective desire amongst the staff group to provide the best support possible to enable people to achieve their goals and ambitions.
- The management team worked directly with people and led by example. This achieved successful outcomes for people, which had a significant positive impact on their well-being and the quality of their lives. For example, a mental health professional told us, "[Person] does have a planned programme where quality of life and wellbeing are central. The support at Roebuck Rise is proactive and encouraging in assisting [person] to learn a range of essential living skills, as well as support him to engage with the activities he values. [Person] has never done so well as he is doing at Roebuck."
- Managers set a culture that valued reflection, were receptive to challenge and welcomed fresh perspectives. For example, staff completed regular reflective sessions where people and staff shared their experiences and discussed how they could learn and improve from them. Staff told us the managers had created an atmosphere of mutual respect and understanding, which had nurtured trust and empathy between people and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.
- The manager and staff understood their duty of candour and knew the action to take should something go wrong. For example, being open and honest when mistakes were made and where appropriate apologising to people when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had the skills and knowledge to perform their role, enhanced by a wealth of experience gained through supporting people living with autism, learning disabilities and other complex needs. The manager demonstrated a clear understanding of people's needs and had clear oversight of the service.
- The management team effectively operated robust monitoring and assessment processes which helped to keep people safe, protect people's rights and where required hold people and staff to account.
- There was a clear management structure within the service. The manager and staff clearly understood their individual roles and responsibilities, and how they needed to work together to provide good quality care to achieve the best outcomes for people.
- The management team often worked alongside staff and monitored the quality of service delivery. This ensured people experienced a consistent level of support, in line with their support plans and best practice. Staff told us there was always a manager working at the home or available or available out of hours, which rotas confirmed.
- Health and social care professionals were impressed by the person-centred approach of the manager and had confidence in the staff's capability to deliver high quality care to meet people's complex needs.
- The manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. A personal advisor told us, "The managers and staff have done an excellent job supporting [person] transitioning into adult care, especially through the pandemic some challenging circumstances."
- The management team were highly visible and readily approachable. They spent meaningful time with people and staff. This enabled them to seek feedback on a regular basis and involve them in decisions about any changes. People told us their views were listened to and acted upon.
- The manager recognised good work by individuals in supervisions and team meetings.
- Staff recognised progress and development made by people during formal reviews but also in frequent 'Good News' and 'Direct Work' meetings which were recorded.
- Staff told us that the managers actively encouraged them to discuss concerns and voice their ideas to improve the quality of care people received. We observed staff were highly responsive to suggestions and ideas, for example; Staff members hosted cultural evenings, where people were encouraged to consider, understand and experience other cultures.
- The manager was supported by the nominated individual who visited the service in person two or three times per week and spoke on the phone daily when not attending the home.
- The manager sought feedback from people and those important to them during regular reviews to develop and improve the service.

Continuous learning and improving care

- The views of people using the service were placed at the core of the service' quality assurance processes. This was underpinned by a strong emphasis on striving for continuous improvement to achieve the best outcomes for people.
- The provider kept up to date with national policy and recognised best practice to inform improvements to the service.
- Staff felt able to suggest ideas and were supported to test them, getting people's feedback; such as new activities or approaches to support.

- Learning from concerns and accidents enabled the manager to drive continuous improvement. For example, accidents and incidents effectively recorded by staff, were reviewed daily by the manager and the nominated individual. This enabled the provider to fulfil their responsibility to identify trends and take the required action to keep people and staff safe.
- The manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented and were effective. For example, people's positive behaviour support plans after they had been reviewed.

Working in partnership with others

- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The manager worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- There were strong links with people's healthcare professionals and wider network, including personal advisors, psychiatrists, psychologists, learning disability and mental health teams. The service maintained good communication through regular reviews of care, with notes and actions from these meetings communicated to all involved.
- People's key workers and managers ensured prompt and proactive communication of any changes which people's network would need to know about. Professionals told us the staff kept them informed and sought their advice appropriately.