

Community Homes of Intensive Care and Education Limited

Hurst House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Hurst House is a care home which provides accommodation and personal care for up to 10 people with learning disabilities. At the time of our inspection nine people were living at the home. Hurst House has bedrooms over two floors with a stair lift to the first floor. The home had been recently renovated to include a communal lounge and dining room. In addition, two smaller rooms had been created as 'quiet' rooms.

We carried out this inspection over two days on the 24 and 31 May 2017. The first day of the inspection was unannounced. At the last comprehensive inspection in March 2015, we identified the service was not meeting all of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not consistently follow safe practice around the administration, storage and disposal of medicines. People's wishes and preferences were not always being taken into account when their care was planned and people's privacy and dignity was not fully respected. At this inspection, we found the provider had made the required improvements.

Medicines were administered safely and people received their medicines on time. There were sufficient staff available to meet people's needs and staff were available and visible throughout our visit.

Before people moved into the home, a risk assessment was carried out to ensure any potential risks around the person's day to day living were identified. Risk assessments and support plans to mitigate risks were regularly reviewed to ensure they were relevant and gave up to date guidance to help staff keep people safe. Staff were knowledgeable about keeping people safe and were aware of their responsibilities in protecting people from harm.

Staff received mandatory training as set by the provider and also specific training based around people's individual needs. This enabled a person centred approach to supporting people according to their wishes and enabled positive outcomes for people. Staff received appropriate support through a system of supervision and appraisal.

We observed people were well supported with their nutrition and hydration needs and made choices about the variety of food on the menu.

People and families told us the staff were caring, attentive and respectful towards them. We observed this was the case throughout the inspection.

For each person there had been very positive outcomes with progress made in their emotional wellbeing, communication, daily living skills and independence. A social care professional told us the team at Hurst House went to great lengths to assist one person with their preferred living arrangements, to the extent that a new annexe was built onto the main house for this person to live. Due to the outstanding level of care and support people received, three people were able to stop taking medicines used to treat behavioural conditions which had a positive impact on their wellbeing.

The support and care which people received was responsive to their needs and supported people to realise their ambitions for example, one person was supported to be able to travel widely to different countries which they had always wanted to visit. People were at the forefront of decision making around their care and support and were empowered to reach their full potential. The quality of life for one person who had recently moved into the home had improved dramatically due to the support they had received. The person was now sleeping well, showering on a daily basis, going out into the community on a regular basis, enjoying shopping trips for new clothes and meals out.

The home had been refurbished throughout and gave people more usable space to meet their needs, such as a quiet room. People liked the décor and furnishing and furniture were of a good quality.

There was a system of audits in place to assess the safety of the service and quality of care which people received. People were involved and supported to express their views through a monthly meeting with their keyworker and other home meetings.

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.

People told us they were supported by the staff to keep safe.

Medicines were administered and managed safely and people received their medicine when required.

There were sufficient staff to offer appropriate care and support for people.

The premises were checked to ensure they remained safe for people and staff.

Is the service effective?

Good ●

The service was effective.

People's care and support was underpinned by the Mental Capacity Act 2005.

People were supportive to eat a healthy balanced diet and were involved in making choices about the menu on offer.

Staff received training and on-going support in order to carry out their role safely and effectively.

The service was proactive in ensuring people had timely access to health care services.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

Personal care was delivered in the privacy of the person's room and staff ensured that people's dignity was maintained.

People told us they liked the staff and were treated well.

Is the service responsive?

Outstanding ☆

The service was responsive.

People received outstanding care and support which enhanced their quality of life, put them at the forefront of decision making and enabled people to reach their full potential.

People could take part in a range of activities and were encouraged to find new interests and hobbies.

People knew how to make a complaint and would speak with staff if they were not happy with their care.

Is the service well-led?

The service was well led.

There was a strong leadership and direction within the home.

Staff felt well supported and valued by the management team.

People's views were listened to.

There was a system of audits in place to ensure the service was safe and responsive to people's needs.

Good ●

Hurst House

Detailed findings

Background to this inspection

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

This inspection took place on 24 May 2017 and we completed the inspection on 31 May 2017. The visit undertaken on the 24 May was unannounced and the registered manager was aware of the second visit.

The inspection team consisted of one inspector and an expert by experience on the first day. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services. The inspection was completed by one inspector on the second day.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with eight people who use the service. In addition we spoke with the registered manager, the deputy manager, regional manager, assistant psychologist, care staff, the activities co-ordinator and the chef. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for four people. We also looked at records about the management of the service. We received feedback from health and social care professional who were involved in people's care. Following the inspection we received feedback from four families on the telephone or through email. We also received feedback from six health and social care professionals.

Is the service safe?

Our findings

At the last comprehensive inspection in March 2015 we found the service did not consistently follow safe practice around the administration, storage and disposal of medicines. In addition, shortfalls in the administration of medicines had been identified through the auditing process; however this had not been acted upon. During this inspection we found that the provider had taken the necessary action to ensure medicines were administered and managed safely.

People told us "I go along to the medicine room in the morning and evening and have my tablets with some water" and "I just have tablets in the morning, I go and get them and if I forget, someone will come and find me to take them". People knew what their medicines were for and why they needed to take them and decided how and where they wanted to take their medicine.

There were safe systems in place to ensure that medicines were being stored and administered in line with current guidance. At this inspection improvements had been made and medicines were appropriately handled by staff. Medicines were stored in a locked room which was only accessible to authorised staff. The medication fridge and room temperatures were checked and recorded daily. The provider was in the process of installing an external vent into the room as they were currently using cooling fans to maintain the correct temperature for storing medicines.

Medicines were recorded on medicines administration records (MAR). Records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps, showing all medicine had been administered and signed for. Staff carried out regular checks of the medicines stocks and records. Any unwanted medicines were disposed of safely. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Staff were knowledgeable and confident in explaining the side effects of some medicines and how this should be managed. Staff who administered medicines completed an annual assessment to ensure they remained competent to administer medicines.

Comments from people about being safe included "I like being able to go into the garden anytime I like. If someone was nasty to me or I was worried I would talk to the manager about it" and "They always tell me when they're mopping my bedroom floor, so I don't go in, because I don't want to fall. If I didn't feel safe I would go and tell the manager". Staff had received training on how to keep people safe. They were able to recognise and report different types of abuse. Staff told us they would report any concerns to the registered manager and were confident action would be taken. They understood that all safeguarding concerns would be reported to the local authority to raise alerts to keep people safe.

People who live at Hurst House had varying levels of support needs, this included some care packages of one to one support over a 24 hour day. The level of staffing was determined by people's current and changing support needs. The registered manager told us there had been a lot of changes with the staffing over the last two years and there were assured they had the right staff who were committed to providing high quality person centred care.

When people went to their day service, staff would attend with them to offer support. During this inspection we found that staff were available at all times, visible to people and approachable. One person told us "I can talk to the staff about anything. If I'm feeling a bit upset there's always someone around to give me a hug". In the foyer of the home was a display board with a picture of each member of staff and when they would be working. This helped people to know who would be available that day.

People were kept safe because the service considered the possible risks each person may face in their day to day living. Risks to people's safety were assessed before they moved into the home and these were assessed and reviewed regularly. Measures were put in place to guide staff in reducing the risk to the person and ensuring they were safe. This included risk assessments with support and management plans for self-injury, bathing and possible scalding and seating arrangements in the mini-bus. A healthcare professional told us "I was most impressed with the individualised care, safeguarding adults, epilepsy procedures that Hurst House has in place".

Incident and accidents were recorded and audited to make sure preventative action could be taken for future occurrences. Staff were pro-active in ensuring that behavioural triggers were recognised in order to support the person and to de-escalate the situation. Staff told us they discussed keeping people safe at their team meetings and around safeguarding people. They felt well supported through the information they were given around keeping people safe and the guidance and support from the assistant psychologist in devising support strategies.

There was a robust recruitment policy in place and which was followed in practice. Appropriate checks had been undertaken when new staff were employed to ensure they were appropriate to work with vulnerable people. These included a Disclosure and Barring Scheme (DBS) check, an employment history and references which had been gained before they began working at the home.

Regular checks were made on the premises and equipment to ensure it was safe. Each person had a personal emergency evacuation plan (PEEP) in the event of an emergency and staff had easy access to this information should it be required. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

The premises were clean throughout and the home was well maintained. Safety checks such as fire drills and electrical checks were carried out.

Is the service effective?

Our findings

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). 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 legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We saw examples of best interest decisions being taken on behalf of people, where it had been assessed they did not have the capacity to make specific decisions. Documentation contained details of who was consulted and involved in the decision making process. The assessment clearly identified the day to day decisions the person could make independently and the support required for more important decisions that may need to be made.

Where applications had been made for a Deprivation of Liberty Safeguards (DoLS), these were reviewed to ensure they remained relevant and the least restrictive practice. Where people had representatives to support them through a Lasting Power of Attorney (LPA), for example in managing finances, there were processes in place to ensure people were involved and consulted with about their money and had freedom to decide how to spend their money.

Staff confirmed they had received training in the Mental Capacity Act 2005. They were able to tell us about key aspects of the legislation and how this affected people on a daily basis with their care routines. Staff were heard routinely asking people for their consent when offering support throughout the inspection. A social care professional who supported people in the home through an advocacy service told us "The care plans are very clear, person centred and in terms of deprivation of liberty, the home work in a way which is the least restrictive and compliant of the MCA".

People were supported to be healthy through a varied and nutritious diet. A relative told us "Since moving into Hurst House, X has lost some weight as a result of eating better". People decided what meals were on the menu. Comments included "We all help put the menu together so that everyone has some main meals that they really like" and "My favourite meal is chicken curry and I have that on the menu every few weeks. We all sit down with the chef and tell her what our favourite meals are and then she puts together the menu for a month" and "We have lots of choice. I had a really nice plate of salad with some egg and crisps for lunch today. I then had watermelon and a banana milkshake. It was warm today so it was nice to have a plate of cold food for a change".

People choose the menu from pictures of meals options. The chef had information about people's food likes and dislikes and any allergies. Where people required a specialised diet the chef and care staff worked closely together to ensure recommendations from the Speech and Language therapy service (SaLT) were adhered to, for example where there may be a risk of choking and additional support and supervision was

required.

Displayed in the kitchen were pictures of different coloured cups which one person used. This person was not able to verbalise their preference of drink so the different coloured cups denoted the type of liquid they could choose from. Other people had chosen their crockery preferences for different types of plates and cutlery. A referral to a dietician was made if required. For example, one person would ask for cups of tea when they were particularly anxious and staff were concerned the level of tea being asked for was not safe. The dietician was able to advise of a safe limit to drink and strategies for supporting the person to deflect from drinking too much fluid.

Drinks and refreshments were readily available. We observed staff offering hot and cold drinks throughout the day and the options included hot chocolate and a variety of milkshakes, there were also three or four choices of squash and juice options. People could also help themselves to hot or cold drinks from the kitchen and staff would support people where required.

The dining room had been newly renovated with modern furnishings and tables with seating for four people. The tables were adaptable because they had a slide out extension for people who preferred to remain in their wheelchair during lunch. Each table was laid with place mats, sauces, condiments and cutlery. At lunch time people sat where they wished and were asked if they would like to wear a protective apron. People had been involved in choosing different types of clothes protectors such as brightly coloured and styled cloth ones or with a laminate protection. One person smiled and said "Look at my apron, isn't it a lovely colour?" Another person preferred to use a blue plastic apron and their wishes were respected.

As people sat down to dine, the chef came out to check that people were still happy with the choice of meal they had chosen a little earlier. People were asked if there was anything else they needed, whether they would like sauce or needed any help. Once everyone was served, staff served their own meal and sat and ate lunch together with people. Conversations were around news topics and what people were doing that day.

People received timely support from health professionals when required. People told us "One of the staff take me to see my GP when I need to but the dentist and eye person come here to see us all" and "I've bitten my tongue, so I am waiting for one of the staff to take me to an appointment so they can check it out.". Records evidenced that people had access to a range of professionals such as the in-house psychologist, district nursing team, chiropodist, dietician and GP.

Where people had to attend hospital appointments or receive medical care, staff supported the person and explained through social stories about the procedures they were to undergo. In the picture diary of one person, photographs showed the person before their operation and after and the person liked to look at the photographs because they were happy the operation had been done. Support plans were in place to ensure people remained healthy, for example a support plan around managing diabetes highlighted potential complications and the need to ensure regular eye screening and foot care as a way of maintaining good overall health.

Throughout the inspection we observed that interactions between people and staff were positive. Staff were skilled in communicating with people and listening to what people were saying. We saw the use of sign language where the staff member asked a person what they would like to eat and drink and the person signed back their preference. Another staff member used a picture board to show a person what the meals looked like. This helped the person to make a decision about the meal they wanted.

The staff we spoke with were skilled and competent in their understanding of how to provide safe and

effective care to people and support specific needs such as epilepsy support, non-verbal communication as in using sign language such as Makaton, mental health and understanding positive behaviour management.

Staff were supported and encouraged to gain qualifications in health and social care, for example five staff were working toward a diploma with ten already having achieved this. Staff undertook the care certificate and to date, 18 members of staff had completed it. Staff told us "We are definitely well trained and supported". Staff became champions of the areas of care they were interested in, for example medication, crisis intervention and first aid. The champions' role was to develop their own skill base and share this knowledge to further develop the skills of the team. Staff were actively encouraged to develop and progress within the organisation.

Staff received supervision with their line manager to discuss their personal development, any issues or concerns and review training needs. Appraisals were undertaken annually to review the year's progress and set goals for the next year.

Since the previous inspection in 2015, the home had been completed renovated. There were now different areas for people to use such as a smaller television room, a quiet room, activity room and a large spacious dining room leading to the conservatory lounge. There was also a new fully fitted kitchen and medications room. The downstairs toilet had been renovated with an easy lock door and the bedrooms were being refurbished to people's taste and preferences. One person had moved to a room on the ground floor due to a progression of mobility issues and not wanting to use the stair lift. The service had installed a wet room as an en-suite to enable the person to maintain their independence with personal care.

Is the service caring?

Our findings

At the last comprehensive inspection in March 2015 there were some practices which we found were institutionalised. This resulted in people's privacy and dignity not being fully respected. People's wishes and preferences were not always being taken into account when their care was planned. During this inspection we found a significant improvement in staff approach and people's involvement in their care and support preferences.

People were involved in devising and reviewing their care and support. Care plans reflected people's preferences around how they wished their personal care to be supported, their preferred daily routines, important people in their life and the activities and hobbies which interested them. Each person had individualised their room with their own choice of furniture and bedding, the colour scheme and many personal items of photographs, DVDs and other hobby items.

People were treated with kindness and compassion in their day-to-day care. Throughout our visit we observed that staff were warm in their approach and respectful towards people and of their wishes. People looked well cared for and were at ease in the presence of staff. Each person was treated as an individual and staff knew people well. One person told us "All the staff are my friends. No one ever says they're too busy to help if I need a hand with something, or if I just want to have a chat, or if I'm worried about anything". People told us that staff treated them very well and were always respectful towards them.

We observed staff respected people's privacy and dignity by knocking on their bedroom door to gain permission before entering. People were free to go to their room if they wished to have privacy and any personal care was carried out in the seclusion of the person's room. People told us that staff were very kind, one person told us "I forget things quite a lot, but the staff never mind how many times they have to tell me something."

Staff were proactive in ensuring people were given choices by explaining the options available and being mindful of people's likes and dislikes. For example one person told us "I like going shopping for new clothes. One of the staff takes me to the shops so I can choose what I'd like". Other people told us "It's up to me what time I get up and go to bed and I decide which days I fancy having a shower" and "I always wear nice clean clothes that go together. I love going clothes shopping and there is always lots of staff wanting to take me. They help me decide what looks best on me."

People told us they liked living in the home and liked other people who lived with them. Comments included "I really like living here, everyone is friendly, my best friend and I go to a club together", "Living here is very nice. It's quiet and I can do what I like. The staff are very nice and I like chatting to them" and "Some people can be a bit loud sometimes but I have my friends I sit with for meals and then when I want to be on my own, I can be".

Advocacy services were fully involved in supporting people who live in the home. An advocacy professional who supported three people with decision making told us "I have found the staff to be very helpful and I

have observed them working with people in a respectful empowering way. There is always a nice atmosphere in the home and people are very happy residing there. I enjoy visiting Hurst House and I am always made welcome".

Families and friends could visit people at any time and people told us they were supported to keep in touch with their family. People told us "I have a phone in my room so I call my family and have a chat with them", "My mum and sister are coming on Friday for a big meeting with my social worker but they come and see me at other times as well" and "They're all my family here. We all went and had a game of skittles the other morning. I don't think I've ever played before. It was so much fun! I really enjoyed it and it was nice being all out together".

People had spoken with staff about their end of life wishes and this was documented in written and pictorial form. For one person who had recently passed away, staff told us they were determined to make sure that the funeral was exactly how the person wanted. People were asked if they wished to attend the funeral and were supported by staff in making this decision. A social story was developed to help people understand the passing of this person and staff gave reassurance and support in the months that followed.

In accordance with the person's wishes for the funeral and party, all staff including male staff wore bright coloured nail varnish and people also wore nail varnish. All of the men including staff wore top hats and ladies wore 'frocks and high heels'. This person loved their 'Boom Box' (music speakers) they had in their room and in line with their wishes the staff arranged for the coffin to be covered as a boom box. The registered manager told us the party after was a celebration of this person's life, the food was chosen by the person and the music which reflected this person's individual character. They commented "X did not have any family but we were his family. The funeral itself was a very emotional day, but also a fantastic celebration of X's life. All staff at Hurst House felt it was an honour to have been able to support such a wonderful person in their final days and to make their final wishes come true. A bench is currently being purchased for our garden so that people and staff can sit, reflect and share their fond memories of X together".

The registered manager expressed their views on the importance of supporting the staff. They told us "Yes, people are our number one priority, but I feel that staff need to feel cared for, appreciated, important and that they matter too. I also believe that staff who are happy, well supported and feel valued makes such a difference and impacts hugely on people and the home". Staff felt they had such 'wonderful' support from the registered manager and the staff we spoke with felt valued, cared for and appreciated.

The staff were appreciative of each other. One member of staff said "We have a brilliant team, all of the staff are pro-active, friendly and want the same outcome. When we walk through the door in the morning we look out for staff who may be upset or need a bit of support. Bad moods don't exist in this home, we all get on so well". Staff said they went out together to socialise for a meal or participate in football, netball or a hockey match which they felt bonded the team.

Is the service responsive?

Our findings

The service empowered people to be at the forefront of decision making around their care and support and was pro-active in ensuring people's needs were met. Staff ensured the care people received enhanced their quality of life.

Each person had a care plan which was tailored to their individual preferences and abilities. Care and support plans were devised in an appropriate format which was individual to the person, for example pictorial, larger font and Makaton signs. The care plans contained detailed information about the level of support people required in relation to their health, mobility, social and personal needs. Care plans were written with people and support plans laid out the tasks which people could do for themselves and how staff should support them to do this. People had signed their care plans and a shorter summary was available for them to keep. Risk assessments were in place which enabled staff to keep people safe and maintain people's independence. Behavioural support plans were also in place which linked in with the in-house psychologist who provided guidance and support to staff on managing behaviours that may challenge.

The feedback we received from health and social care professionals, families and people themselves confirmed how well the home met people's needs. Comments from health and social care professionals included "Staff know my client's support needs extremely well, and respond appropriately to her on-going need for reassurance in order to allay her day to day anxieties", "Hurst House staff are proactive, the needs of the people we fund are exceptionally well met. This person is able to make choices and is fully supported with all areas of his life; rightly so the person regards this as his home. Advanced care planning is underway with regards to reduced mobility, forgetfulness, the ageing process and making ergonomic changes to his personal space and the building" and "The management and entire team at Hurst House are in my view exceptional. My client's human rights were at the top of Hurst Houses agenda, advocating for him, explaining things to him which caused him distress and putting in a plan of support which he wanted and addressed his personal likes without judgement from them. The team went to great lengths to assist him with his living arrangements, they were always flexible and understanding even at times when he would present with very challenging needs".

A relative told us "X seems much happier, more active and generally in a far better place than she was before moving to Hurst House. They are looking much better, dressing better, washing better and generally looking much happier. The staff all seem very kind and thoughtful and working well with her. The incidences of poor behaviour are fewer and of less concern which reflects how well the staff are managing". Other relatives told us they felt the service provided by Hurst House was holistic and their loved one viewed it as their 'forever home'. Another relative told us their loved one's communication had really progressed in the last year and they were now much more relaxed and responsive.

The registered manager told us they had noticed an increase in unexplained falls for one person. In response they made various referrals to health care professionals which resulted in the person undergoing an MRI scan to rule out a stroke, receiving strengthening exercises through occupational therapy, and the purchase

of specialist equipment to maintain independence such as, a power assisted bed and chair, walking stick and mobility scooter. A social story was developed to talk with the person about what happens when we get older. As a result of such timely intervention, the level of falls had reduced dramatically and the person had been supported to maintain their independence without unnecessary restrictions.

Staff told us that people were encouraged to be as independent as possible and people told us staff were there to guide and support them. The support and care which people received at Hurst House enabled them to progress in their ability and levels of independence and to achieve positive outcomes. One person had moved into Hurst House following a breakdown of their previous placement. The registered manager told us this person had previously not interacted with people other than through a third person being present, had not left their previous home to go into the community, had refused personal and health care and their mobility was deteriorating. Prior to the person arriving at Hurst House the registered manager had visited the person several times to talk about moving into Hurst House. Before the person moved into Hurst House, the management team, staff and assistant psychologist devised a support plan which took into account the person's preferences and gave clear set boundaries that all staff followed whilst giving encouragement and reassurance.

Staff and the registered manager told us the quality of life for this person had improved dramatically and the care records confirmed the progress the person had made. The person was now sleeping well, showering on a daily basis, going out into the community on a regular basis enjoying shopping trips for new clothes and meals out. They were now more mobile and walking without a walking frame. They had also attended medical appointments. In addition, this person was developing their independence through washing up dishes, preparing their own breakfast and doing their laundry. Staff now communicate with this person on a one to one basis which they are at ease with. The staff were supporting the person to take part in stimulating activities which they enjoyed. They were also supporting this person's emotional wellbeing through supporting them to do their 'office work' which reduced their anxieties and which was important to them.

One person frequently told staff they wanted to live in their own flat away from the noisy people at Hurst House. Options were looked at to find another home which would meet this person's needs, however the person decided they did not wish to leave everything they knew. The provider had planned to build an annexe in the garden at some stage but due to this situation they brought forward the build and it was agreed that it would become this person's new home. The person took an active role in the project, looking at drawings, talking with the architect and builders and stating exactly what they wanted in their new home which they named 'the bungalow'. The person watched the daily progress of the building work and took photographs for their diary of the build. They chose the internal colour schemes and specialised equipment such as an electric reclining chair and height adjustable table. Ceiling tracks and hoists were fitted to meet the person's changing needs. Regrettably the person passed away before they could move into their new home.

The level and quality of support people received around behaviour management had enabled three people to stop taking PRN medicines used to treat behavioural conditions. (PRN is medicine taken as and when required) This was done with the agreement of the GP. This was achieved through giving each person more stimulating day care activities, spending time with people and being proactive in redirecting and dealing with behaviours at the earliest opportunity before it escalated. Each person had progressed through a carefully thought out individualised support plan which included a functional assessment and used positive behaviour support approaches. Each care plan consisted of a range of strategies which focused on an individual approach for that person, including ensuring that the person had access to things that were important to them. Staff received guidance and training from the assistant psychologist to ensure people's support was delivered consistently and in line with the care plan. Staff told us they received 'excellent'

information and guidance around supporting people and felt this was the reason that people had such positive outcomes and as a result a 'better quality of life'.

People were able to take part in individual activities and enjoyed spending time with each other. One person who attended a horticultural centre was going to plan the herbs and plants to be grown in the green house. People enjoyed attending social clubs and day centre, pamper session at a spa, swimming, going to the cinema, music sessions and arts and craft to promote personal expression. People went on holiday either with other people in the home or their family and there was flexibility to do things on the spur of the moment, such as visiting the park to feed the ducks. Comments from people included "We're going to have a barbeque at the weekend. I'm really looking forward to it. There's always something to do here, it's really nice", "I like doing word searches and I usually beat the staff when we play Boogie. I like cooking cakes every week for our coffee morning" and "I like crayoning and I have some books with lots of pictures in to colour in. I also like painting."

Two people had recently taken part in the 'Choice has got talent' show, with one person singing and another playing a keyboard. Staff told us it was lovely to see how the person who played the keyboard had progressed as they had been having keyboard lessons. Each person received a certificate and said they had enjoyed the experience. Staff told us taking part in the show had built people's confidence and self-esteem.

One person told us "I said I'd like to go to Paris for my birthday so the staff sat down with me and we looked on the computer and we booked a hotel and the Eurostar. I've always wanted to go up the Eiffel Tower and I'm going to have a meal there as well. It's a dream come true". This person had been supported to realise their ambitions of travelling and had visited other countries.

There was a complaints policy in place and this was available in a pictorial format, larger font, widget signs and happy and sad face signs. People were very clear that they would talk to the staff or registered manager if there was something they were not happy with. Relatives told us they could approach any of the staff and their concerns would be listened to and actioned. There had been no formal complaints during the previous year. The auditing systems in place reviewed any feedback or concerns raised by people or families.

Is the service well-led?

Our findings

There was a registered manager for 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 available throughout the inspection.

The registered manager and deputy manager were positive role models and offered strong leadership. Staff held them in high esteem. The service had clear values about the quality of service people should receive and how this should be provided. Staff told us they felt valued by the management team and the managers were approachable. Comments included "I love working here" and "Best manager we have ever had, on the ball and it doesn't matter what it is, you can always approach her".

The registered manager praised the staff team for their dedication in caring for people who live in the home. They told us they tried to ensure that staff were respected and felt valued as well, for example if staff were supporting people on a holiday, then they and the deputy manager would cover that staff members shift before and after the holiday to ensure staff were ready to go and then fit enough to return the following week. They realised the intensity of support which was required of staff. In addition, they had covered the on-call shifts over Christmas and the New Year, saying "it's give and take and I find that staff are flexible and really consider the needs of people when looking at the staff rota".

People told us they were happy and liked living in the home, stating "I don't think there's anything I don't like about living here" and "I've lived in other places that weren't very nice, but I love it here". Families told us they were involved in their loved ones care and were able to express their views about how the care and support was given and felt the registered manager was receptive to this.

Quality assurance systems were in place to ensure the service was safe and responsive to people's needs. Regular audits and assessments were carried such as the review of meals, behaviour and emotional support, the environment and premises, infection control, medicines, nutrition, staff training and supervision. Audits identified areas for improvement and how they could be achieved. The results of these audits were used to develop an action plan for the service. The provider arranged for their quality assurance team to carry out audits and they reviewed any actions plans to ensure shortfalls had been addressed. The home had a high level of compliance for quality assurance as set by the provider.

External audits were carried out by people who live in one of the other provider homes. We reviewed the March 2017 audit which had looked at how clean the home was, if people were happy and what activities people liked to do. The auditor rated their unannounced inspection as good. There was also a county service users committee, where people could attend and share ideas, set up new things to do such as a rambling group or other fun things such as arrange a 'bake off' between the different homes.

The management team attended internal provider meetings with other managers where they shared best

practice and gave an opportunity for peer support. Regular staff meetings took place and people met with their key worker on a monthly basis to talk about their experience of living in the home. In addition, people talked as a group about how the home was being run and any suggestions they had to improve the service. All the minutes of the meetings were available in a pictorial and easy to read format.

In the future the registered manager was intending to finish refurbishing the bedrooms, continue to enable people to participate in activities of their choice and the activity co-ordinator was developing how they evaluated the effectiveness of the activities people took part in.

The registered manager ensured statutory notifications were submitted to the Care Quality Commission as required. The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. In particular there was close contact with local authority social workers to inform them of the progress and wellbeing of the people they funded to live in the home.