

Broadham Care Limited

Martham House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Martham House provides accommodation and support for 10 adults with learning disabilities. The service focuses on providing services for people with Autism or specific disorders which mean they require specialist support to manage emotional, behavioural and communication needs.

This was an unannounced inspection which took place on 17 May 2017.

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

People experienced exceptional care and support which enabled them to lead safe and fulfilling lives. The whole ethos at Martham House was one which place people at the heart of everything. People told us they felt lucky to live there and their relatives described their relief at having found such a great service to care for their loved ones.

Staff had an excellent understanding about how to safeguard people. There were robust systems in place to manage allegations of abuse and staff were confident about their responsibilities in keeping people safe from harm.

Risks to the health, safety and well-being of people were addressed in a personalised and enabling way that promoted their independence. Staff supported people with skill and expertise to ensure they could enjoy maximum freedom whilst remaining safe.

There were always enough staff on duty. Staffing levels were set with funding authorities according to people's needs. Staff were rostered to work flexibly to enable people to follow their interests and hobbies. Recruitment processes ensured that people were always supported by suitable staff.

Medicines were managed safely and staff competently ensured that people received their medicines as prescribed. There were good systems in place to ensure that any medical emergencies could be handled safely.

Staff enjoyed working at the service and felt well supported in their roles. They had access to a wide range of training which equipped them to deliver their roles effectively. The registered manager was an excellent role model and there were sound systems in place to develop staff and promote reflective practice. Staff were proud to work at Martham House and this in turn led to the delivery of high quality support.

There were excellent systems in place to ensure that people's human rights were protected. Wherever

possible, staff supported people to make decisions for themselves. In situations, where this was not possible, appropriate processes had been followed to ensure any decision made was within their best interests. Where interventions were necessary to keep people safe, staff fully understood the impact and ensured support was always provided in the least restrictive way.

People were actively encouraged to be involved in making healthy choices about their food and drink. Where appropriate, people had opportunities to develop their cooking skills and take responsibility for the planning and preparation of their meals. Specialist dietary needs were understood and well managed.

People were proactively supported to maintain good health and experienced improved health outcomes as a result. The registered manager had excellent working relationships with other professionals to ensure that people received the very best holistic care. People had developed their independence as a direct result of the positive support they had received in respect of managing their specialist needs.

People and their relatives repeatedly praised the care and kindness of staff. The atmosphere in the service was relaxed and friendly with lots of fun and laughter being shared. Positive relationships between people and staff had been developed that were based on trust and respect. People's diverse communication methods were understood and staff were proactive in the way they actively involved people in all decisions about their support. People's privacy and dignity were upheld as a matter of routine.

People received a highly personalised service that was exceptionally responsive to their changing needs. Staff encouraged people to connect with their local community on a daily basis. People had excellent access to educational and leisure opportunities that were bespoke to their preferences and interests.

People benefitted from living in a well organised, forward thinking service where their needs were always at the centre. The culture of Martham House was open and people felt confident to express their views and opinions. The registered manager and team of directors provided clear leadership and direction to staff and were committed and passionate about providing high quality services to people.

Quality assurance processes were robust and action plans to improve the service were prioritised and completed quickly. Learning was shared from within and outside the organisation and community contacts were well established. National best practice legislation and local policies were referenced to set and measure standards of care.

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.

Staff had an excellent understanding of their role in safeguarding people from harm.

Risks to the health, safety and well-being of people were addressed in a personalised and enabling way that promoted their independence. Staff supported people with skill and expertise to ensure they could enjoy maximum freedom whilst remaining safe.

The service had safe and robust recruitment procedures which ensured that people were always supported by sufficient and suitable staff.

The service had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Outstanding 

The service was exceptionally effective.

Staff were provided with high quality training, support and supervision to ensure they always delivered the very best care. Staff training needs were continually evaluated to ensure staff had the most up to date knowledge and skills to manage people's specialist needs effectively.

There were excellent systems in place to ensure that people's human rights were protected. All staff had a sound knowledge of the principles of the Mental capacity Act (2005) and always acted in people's best interests.

People were actively encouraged to be involved in making healthy choices about their food and drink. Where appropriate, people had opportunities to develop their cooking skills and take responsibility for the planning and preparation of their meals.

People were proactively supported to maintain good health and experienced improved health outcomes as a result. The registered manager had excellent working relationships with

other professionals to ensure that people received the very best holistic care.

Is the service caring?

Good 

The service was caring.

People and their relatives repeatedly praised the compassion and skill of staff.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their support.

Care was consistently provided in a way which respected people's privacy and upheld their dignity. Staff promoted people's right to confidentiality as a matter of routine.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People received a highly personalised service that was tailored to their individual needs. Innovative ways of involving people were used to ensure people were placed at the heart of everything within the service.

Staff consistently encouraged people to be as independent as possible and were flexible in the way they supported people to lead meaningful and fulfilling lives.

People were actively encouraged to give their views and raise concerns because the service viewed all feedback received as a natural part of driving improvement.

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way.

Is the service well-led?

Outstanding 

The service was exceedingly well-led.

People benefitted from a person centred service which actively sought their views and promoted individual well-being, inclusion and openness. The provider's vision and values were consistently demonstrated by staff in their interactions with people and each other.

The registered manager was committed to providing an outstanding service and his drive and enthusiasm was powerful in motivating the whole staff team to deliver high quality support.

Quality assurance systems were embedded and effective in ensuring new and innovative ways of further enhancing people's lives were always being explored.

Martham House

Detailed findings

Background to this inspection

our regulatory functions. This inspection was planned to check whether the provider was 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 17 May 2017 and was unannounced. The inspection team consisted of two inspectors with experience in providing services for people with specialist learning disability needs.

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. 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.

As part of our inspection we met with all of the people who lived at the home, four of whom gave us a clear view of their experiences of life at Martham House. We also spent time observing the way people were supported, how staff interacted with people and people's body language when they were going about their daily routines. We observed a member of senior staff giving medicines to people and preparing emergency medicines to be taken outside the service.

We spoke individually with three members of staff, the registered manager and two directors on behalf of the provider. We also spoke with one family member who was visiting the service during the inspection and gained telephone feedback from a further three relatives. We contacted a range of external professionals involved with the service and one Care Manager provided feedback which has been included in this report.

We reviewed a variety of documents which included the care plans for four people, three staff files and other records relating to the management of the service. These included the medicine administration records (MAR charts), rotas, staff training and support records, quality assurance audits and reports, minutes of meetings with people and staff, findings from questionnaires, menus, incident report and maintenance records.

Is the service safe?

Our findings

People consistently told us that they felt safe at Martham House. People talked to us about the things that staff did to promote their safety and well-being. For example, one person told us that a medical condition meant they might eat things that would harm them and staff made sure this did not happen. People talked to us about their experiences of using other services and explained how they felt much safer since they moved to Martham House. They told us this was because they liked and trusted staff and knew that they would protect them. One person told us, "I feel so safe now. I wouldn't want to be anywhere else. It's the staff you see, they really look after me."

People confirmed that staff always spoke to them with absolute kindness and respect. People expressed that they had never felt upset or offended at any time by the way they had been treated. Relatives also told us that they had no concerns about the way their family members were looked after. One family member told us, "My son is safe here. He used to be unsafe in previous placements because he was not understood. It is my priority to make sure he is safe." Similarly, another family member told us, "I know my relative is safe now. I know he's really well looked after, so I don't have to worry about him anymore."

Staff were confident about their role in keeping people safe and demonstrated that they knew what to do if they thought someone was at risk of abuse. Staff were able to talk about the different types of abuse and how they might recognise the signs. They also explained how they would appropriately report any concerns they had either internally or to outside agencies if necessary. Training records showed that staff received regular refresher training in safeguarding and policies and procedures were in place for staff to follow if they suspected harm.

People and their relatives told us that one of the strengths of the service was that people did not feel restricted by their care. The registered manager was clear in his vision for the service that people should be supported to remain as independent as possible and to lead fulfilling lives. Our conversations with staff highlighted that they too shared this commitment to risk management with one staff member telling us, "We don't restrict people, we support them. There is no place for physical restraint in this house, because we work with people to achieve what they want."

Risks to people were identified and managed in a person centred way. The registered manager continually supported staff to look at what was possible and not be risk averse. Audits of incident reports showed a year on year reduction in the number of behavioural based incidents and as such people were able to live much safer and freer lives.

The service took proactive steps to manage potential risks to people's health. For example, where people had risks associated with food or fluid intake these were carefully managed. All staff worked consistently with people to limit the risks to people's health and ensure they took control to live their lives safely. Where people had been identified as being at risk of choking, we observed that 1-1 staff support was provided at mealtimes in line with their risk assessments and support guidelines.

Safety of people was paramount in the way the service was managed. Staff received ongoing training to ensure they were confident in key areas such as health and safety. Training sessions in fire safety and food hygiene had also been adapted so that people could participate in this learning and develop their own skills in keeping safe.

The environment was safely maintained. Each day the registered manager completed a 'walk around' to ensure the service was safe and clean. Regular safety checks on the environment and equipment were carried out which enabled any concerns to be swiftly identified and remedied. Each person had an up to date Personal Emergency Evacuation Plan (PEEP) which outlined their support needs should they need to evacuate the premises.

The registered manager had created a 'grab file' which included the necessary information to ensure the safe continuation of the service in the event of an emergency such as fire, adverse weather conditions or power outage. We saw this file contained copies of people's medicine records, hospital passports and care plans.

People and their relatives told us that staffing levels were always sufficient to meet their needs. Staffing levels were based on people's needs. Dependency levels had been assessed and agreed with the respective local authorities who funded people's placements. Some people were funded for one to one care and we observed that this was provided. Staff told us that appropriate staffing levels were always maintained and the rotas confirmed the same.

The registered manager told us that they allocated staff carefully to shifts in order to ensure that people could be appropriately supported with their activities. People and their relatives confirmed this was the case. For example, one person told us that they enjoyed attending a particular activity with a staff member who shared the same interest and that this was always facilitated.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, references and interview notes in staff files to show that staff were suitable to work in the service.

Medicines were handled safely and stored securely. People told us that they got their medicines when they expected them. We observed the administration of some of the morning medicines. This was undertaken in a person centred way, with people's preferences about how and where they wished to take their medicines being respected. Staff responsible for managing medicines received training and competency checks. Staff were knowledgeable about the medicines they were giving, including why they were prescribed and what time people needed them.

Care records identified any risks associated with people taking their medicines and how these were managed. When people went out, staff were clear about what emergency medicines needed to be prepared to take with them and there were clear systems in place for ensuring this happened.

Medicines were audited and accounted for regularly. There was a system for recording the receipt and disposal of medicines to ensure that they knew what medicine was in the home at any one time. Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.

Is the service effective?

Our findings

People talked to us about the great relationships they had with staff and how they felt understood by them. Feedback to us consistently praised the competency of staff and how people were always supported by staff who had the skills to meet their needs. Staff also told us that they felt valued because the registered manager recognised their individual skills and the provider invested in them, allowing them to develop their expertise. When talking about training, one staff member described, "The sky's the limit." They went on to say that at every one to one meeting and appraisal they had with their line manager; their professional development was discussed and planned for. They felt confident that their training needs were fully met.

People received effective care because staff were well supported with induction, training, supervision and appraisal. From the minute staff joined the service their development was made a priority. All new staff completed an induction programme at the start of their employment which followed nationally recognised standards. Staff confirmed that during their induction they had been given sufficient time to shadow other staff, get to know people and read their care records so they understood how to support people well. Post induction, all staff were expected and supported to complete a national qualification in care. One staff member told us, "I have already completed a National Vocational Qualification at Level 3 in care and I am now looking to complete my Level 5."

The service had a comprehensive programme of staff training which included a host of mandatory courses including; moving and handling, first aid, fire safety, safeguarding, mental capacity and various health and safety topics. Staff were also provided with specialist training so that they could meet the individual needs of each person. This included supporting people with epilepsy, autism and managing challenging behaviours.

Recognising that some people's mental health needs were directly related to their behavioural support, the registered manager had arranged for all senior staff to complete a six-week training programme in positive behavioural support. This learning had enabled meaningful behavioural support plans to be developed for people which in turn helped staff to provide the most effective care and reduced the number of incidents involving people. Staff and people talked to us about how the specialist skills of staff had enabled highly personalised support for people to be delivered in a way that directly improved the way people now lived their lives.

A relative told us how impressed they had been with the specialist training staff had done to be able to look after their son effectively. This person had a specific medical condition that all staff had received bespoke training to manage. The family member went on to tell us that staff had invited them to attend the training with staff so that everyone supported the person consistently. They commented, "The training was so personalised to my son and I was really impressed with the questions staff asked in order to understand the background to his condition." This reflected a general theme about training at Martham House that it was there to secure improved outcomes from people.

It was clear from the knowledge that staff had about people and the way they interacted with them that the training they received was reflected in their practices. Staff were exceptionally skilled at communicating with

people and recognising their individual behavioural triggers which in turn enabled them to effectively de-escalate people's anxieties and frustrations. This was reflected in the continual reduction of incidents within the service. The reduction in incidents in turn provided increased opportunities for people to develop their skills, hobbies and lives. People and staff were relaxed with each other and staff provided effective support in a very natural and relaxed way.

Staff benefitted from regular supervision and appraisal with their line manager. Staff told us that they felt incredibly well supported in their role and that they felt able to raise any ideas or concerns they had, confident that they would be listened to. The management team recognised that staff provide the most effective care to people when they feel valued themselves and had opportunities to reflect on their work. One staff member talked openly about how the providers had supported staff to manage the personal loss of a person who had previously passed away at the service. The staff member told us, "We were offered time off, counselling and the time to reflect on how we felt." The turnover of staff was low and staff commented that they thought this was because they were so well supported. Two members of staff had previously worked for an agency and therefore completed shifts in numerous other settings. Both these staff told us that they had chosen to take permanent jobs at Martham House because they'd felt so well supported to provide excellent care that they felt motivated to become part of the team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that staff had an excellent understanding about how to support people in a way that both promoted and protected their human rights. The registered manager understood his responsibilities in relation to the MCA and DoLS. He had submitted DoLS applications to the authorising authority as required. As part of this process mental capacity assessments had been completed and best interest meetings held and recorded.

The whole ethos of the service was to provide support in the least restrictive way. Some people had been assessed as needing certain restrictions in their best interests, but staff were aware of these and took appropriate steps to minimise the impact on all individuals living within the service. For example, it was not in the best interests for one person to access the kitchen independently. This person understood the risk to them and had consented to the care plan in place. As such, when this person was in the vicinity of the kitchen, the door was kept locked. Other people who could have safe access to this area however, had a key fob so they could do so with restriction. We also observed, that staff ensured the kitchen door was open when there was no risk which highlighted that there was a culture of only using restrictions when absolutely necessary.

People were routinely asked for their consent by staff. Staff knew people exceptionally well and understood their individual communication systems. We heard staff offering people choices about their daily lives and allowing them the time to express their views. Staff were able to tell us how they knew when people were giving their consent or not, either verbally, or through facial expression, body language and gesture.

Regardless of people's level of capacity, staff always took meaningful steps to involve them in making their own decisions. For example, staff had expertly supported one person to completely regain control of their

life. Due to past experiences, the person had previously lived a very restricted lifestyle. Through the excellent systems of support provided by the staff at Martham House, this person was now able to make positive choices about his life. Supported by a member of staff, another person talked to us about the anxiety of having access to their clothes caused them. As such, with their consent the person's wardrobe was kept locked, but each morning staff supported them to choose their clothes for the day.

People were actively encouraged to be involved in making healthy choices about their food and drink. People chose what food they wanted on a four week rolling menu and where appropriate, were supported to be involved in the compiling of shopping lists and preparation of meals. Healthy choices were encouraged and people were supported to make their choices either verbally or by using pictures or photographs where appropriate.

Mealtimes were person centred and flexible according to people's own individual routines. For example, we observed one person had got up late and therefore had their breakfast at 11am. At midday, another person was enjoying their lunch. We also heard one person ask staff to prepare them a picnic to take out with them that evening as they didn't want to rush eating before going out to an evening activity.

Staff knew about each person's dietary needs including special diets. The medical condition for one person meant that it was crucial that their calorie intake was within strict parameters each day. As such staff had pre-calculated the calories for all the regular food and drinks this person liked to have. Detailed food and fluid records were also maintained and totalled each day to ensure this person remained healthy and well. All staff understood the importance of this and worked together to ensure the guidelines were properly followed.

People were proactively supported to maintain good health and had access to external healthcare support as necessary. Staff ensured people had access to other healthcare professionals and records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians.

Feedback from other professionals both to us and the service via their own satisfaction was unanimously positive. One professional told us, "Our customer is very settled at Martham House and appears to have a good relationship with the staff team who have a good understanding of his needs and wishes."

People had experienced improved health outcomes as a result of staff working in partnership with other professionals. For example, three people who were in receipt of regular psychiatric support on admission to Martham House have now been completely discharged due to the success of the support systems put in place at the service. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. They also had health action plans in place which supported them to stay healthy and described help they could get.

Is the service caring?

Our findings

People told us that staff always treated them with kindness and compassion. One person said, "I lived at another place before I came to Martham House, I didn't like it there, but here I'm really happy." They went on to talk to us about how staff here had helped them improve their life. For example, "Staff have helped me to make friends and find new hobbies. I have a girlfriend now and staff support us to have dinner dates together." They also went on to say, "If I ever feel down, there is always staff there to talk to and make me feel better." Likewise, family members consistently praised the care their family members received. One relative told us, "They are lovely and caring." Similarly, another family member said, "They have wonderful staff. The care is excellent and I feel very relieved to have placed him there."

Staff had positive and caring relationships with people and it was obvious that they had genuinely strong bonds with people. When we arrived, one person was encouraged to show us round their home. Soon, other people had joined in the tour, each sharing laughter and good humour with staff as they went. Later we observed a person be warmly congratulated about an award they had received for their swimming. The praise was given with genuine excitement which clearly made the person feel very proud.

We saw frequent and positive engagement between people and staff. Staff were dedicated and committed to their roles and shared a collaborative sense of pride in people's achievements. For example, during the inspection one person returned from the dentist and for the first time did not require any treatment. We heard the registered manager say "Well done, this is brilliant news," and reinforced that the person's goal had been achieved. It was evident that the person was very pleased with the result and appreciated this being enthusiastically acknowledged by the staff the registered manager, whose opinions they obviously respected.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their support. Staff talked confidently to us about people's needs and goals. One relative told us, "Staff are really up to date with his communication skills. This is the placement that understands him the most." Staff had an excellent understanding of people's needs and knew exactly what support they needed and when. They were flexible in responding to people's support and choice, which allowed them to take charge over their own lives. For example, one person asked to go for a walk. Staff facilitated this and then returned five minutes later with the person telling us, "I changed my mind and decided to come home."

The registered manager operated an open door policy and throughout the day, we saw people popping in and out of the office to ask questions or share their news. It was obvious that people felt relaxed in the company of the registered manager and were used to spending time with them. The feel of friendliness and time was evident through all layers of the staffing structure. Staff routinely spent time sitting and chatting with people and similarly, when one of the directors arrived, so did they. People were confident to approach whoever they felt could answer their specific question and there was no caution afforded to hierarchy. Equally though, staff understood people's personalities well and communicated with each other to ensure consistent messages were delivered across the service.

Care was provided in a way which respected people's privacy and upheld their dignity. Staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. People had the option of having keys to their rooms and the home and where needed, people had specialist key fobs that they could use independently. People's private information was kept confidential and secure and post went straight to the person for opening.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and supporting them to live their lives as they wished. People told us they had control over their daily routines and were free to choose when to get up and go to bed and how to spend their leisure time. People's rooms had been decorated and furnished in keeping with their own interests and preferences. People told us that staff helped them to take responsibility for keeping their rooms clean and tidy.

People were supported to wear clothing that was appropriate for the weather conditions of the day and were dressed in a way that maintained their dignity. Good attention was given to people's personal hygiene. One relative described how their family member, "Is like a different chap since moving to Martham House. They have really helped him take pride in himself and he now looks immaculate all of the time."

Equality and diversity were managed well and people were supported to follow their own religious and cultural preferences and beliefs. The gender of staff employed at the service complimented the needs and preferences of the people who lived there. People's choices about who they wanted to support them with certain tasks and activities were respected. For example, one person had requested a particular staff member to become their keyworker because they had shared interests and this had been put in place.

People were encouraged and supported to maintain and develop relationships and friendships. People told us they appreciated the way staff helped them to spend time with the people they were important to them. The registered manager and staff recognised the value of these relationships as a key element to securing a caring service.

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. People felt in control of their care and praised the support they received. One person told us, "The staff know me so well and involve me in everything." Relatives echoed this sentiment and each family member we spoke with said how well staff, "Looked after" their family member. One relative told us, "It's been brilliant. I've seen a lot of change in my son, positive change." Likewise, another family commented, "I have confidence in them managing his needs and if anything changes, they always respond."

Assessment information was used effectively to develop a plan of care that provided comprehensive information to guide staff and ensured consistent delivery of care. Prior to moving into the service, the registered manager completed a detailed assessment of their needs and expectations. From this, any necessary adaptations or staff training needs were identified and actioned prior to the person moving in. For example, the assessment for one person identified that specific healthcare professionals would need to be involved in the transition plan and as such these relationships were built prior to admission. Similarly, assessments also took into account people's interests and hobbies to ensure there was no disruption in people being able to do the things that were important to them.

People were at the centre of every process in place. Right from the assessment stage, the focus was on meeting the individual and collective needs of people. The compatibility of the people living together was a key consideration when prospective people were assessed. The registered manager told us that they never felt any pressure to fill a vacancy within the service. They went on to describe how important the matching process was to the well-being of everyone living at Martham House and therefore if they felt they could not meet the needs of the person fully, a place would not be offered.

Each person had a detailed plan of care that outlined their individual needs and preferences. Care plans looked holistically at people and recorded how their physical, social and emotional needs were to be met. Staff maintained detailed daily records about people's care, including how they were. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day.

Staff and management were innovative in the way they planned and delivered support. Video care plans had been created to illustrate practical elements of people's care. For example, one person required support with special physiotherapy exercises. The correct way to support this person had been filmed to ensure all staff delivered the exercises consistently. Similarly, staff had video guides they could follow in respect of other areas of support such as using a hoist.

People's care plans considered their life experiences to date and reflected their individual life journey. The plans helped staff to be responsive and flexible to people's needs, and make sure they could help people to be as independent, calm and happy as possible. Staff used the information they knew about people to provide effective and responsive support. For example, one person had a complex background and this had impacted in the way they maintained their personal space. It was evident that staff had spent considerable

time and effort supporting this person to make their room a place they could call home. It was evident that the person was now not only proud of the way they lived, but happy to share it with us.

Staff were skilled at identifying and managing risks to people in order to improve people's lives. For example, when one person moved to the service they had previously been assessed as needing 6 staff to keep them safe. Having successfully worked with this person to manage their behaviours they were now independent inside the service and only required the support of one staff member in the community. It was obvious from meeting this person that they were happy to now have the freedom and control over their own life.

The management of risks to people were well documented and regularly reviewed. We read how one person experienced mental health difficulties and there was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to reduce the person's anxiety and the necessary interventions if this escalated. The registered manager took proactive steps to create awareness about people's triggers. For example, on our arrival, they shared information to minimise the impact of our own behaviours on people.

People who used the service had a detailed annual review of all of their care needs, from which support plans and risk assessments were amended as necessary. People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted be. People's bespoke communication systems were understood and used by staff to ensure people were effectively engaged with. As such, people were encouraged to make their choices verbally, using simple signs, photos or objects of reference. The care plan for one person, highlighted that a person needed to be given time to communicate their choices. Without prompting this, their relative told us, "Staff are aware of the need to give [my son] time to process information." Likewise, we saw staff repeatedly do this during our visit.

People had exceptional levels of engagement with their local community. Each person had a comprehensive programme of activities that was bespoke to their individual needs and interests. People had choice and control over the way they spent their time and staff facilitated them leading meaningful and fulfilling lives.

During the inspection, people were all involved in different things. A relative who was visiting in the afternoon told us, "It's normally like this when I turn up. People are always out doing things which is great." We were surprised and impressed that a service for 10 people with high support needs, could be so calm. It was apparent that the reason for this was because people were so engaged in following their own lives.

People were excited about the way they spent their time and it was obvious that people had total control over how busy they wanted to be. One person talked to us at length about their hobbies and interests. During the day they went with off to gardening activity and that evening were getting ready to go to choir rehearsal. They also shared with us that their keyworker was supporting them to complete a 10k sponsored run. This was a goal they were working towards and staff were actively supporting them to achieve it.

It was the ethos of the service that every person should have the opportunity to access at least one meaningful community every day. Whilst there was no pressure on people to do things they didn't want, staff also ensured that these opportunities were offered. For people who perhaps lacked self-motivation to go out, staff were skilled at encouraging them to find things that they enjoyed.

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way. People were given information about how to make a

complaint. The provider had taken proactive steps to produce the complaints policy in both a pictorial and a video format to make it accessible for people those who might not be able to understand the written guide. People told us that they felt confident to voice their concerns, knowing that they would be treated seriously. People knew how to escalate concerns to the directors, but said that this hadn't been needed as staff and the registered manager always listened.

The registered manager kept a file of the complaints received and action taken. Only one minor concern had been raised since our last inspection, but this had been acknowledged, taken seriously and investigated with the person receiving a written response. None of the family members we spoke with had any complaints, but told us they felt comfortable to voice them if they did. One relative told us, "I know I can approach the manager with any concerns. I think we work well as a team."

Is the service well-led?

Our findings

Without exception, feedback regarding the management of the service was that Martham House was exceptionally well-led. People had excellent relationships with the registered manager and it was obvious that they trusted him and felt safe in his care. Likewise relatives repeatedly spoke highly of the management team. One family member described, "Superb management" and another said, "I am absolutely delighted with the service – it's just wonderful." Several people had experienced living at other services before moving to Martham House and in each case, both the person and their advocates, commented on how very different the approach to care adopted by Martham House was. Comments such as, "The management is stable and approachable", "They are so responsive" and "The time and effort they put into supporting my relative is fantastic."

People benefitted from an open and inclusive culture as everyone employed by the service lived the provider's philosophy of care. One relative told us that "The feeling that the organisation cares comes from the top down." This was a sentiment echoed by staff throughout the service. One staff member reflected on their work across other services and told us, "There is something different about the ethos here. The managers are all very humble and there's such a high degree of job satisfaction."

Each staff member had a pocket-sized copy of the 'Broadham care Client Charter' which was known as "The Credo". The Credo was clearly owned by everyone who worked for the service and from our feedback with staff, discussions with and observations of people and their relationship with one another it was evident that staff really did share the provider's vision of creating an environment where, "Genuine care and comfort" is the highest priority.

People were cared for by staff that had the skills and support to deliver their support effectively. Staff were clear about their roles and responsibilities and who they reported to. Staff had clearly defined responsibilities and job roles. Up to date care plans for people provided current information about people's needs and the risk factors associated with their care. This enabled staff to deliver safe and effective care and provided them with the tools to ensure the highest quality of care was always delivered.

Despite being a service for 10 people, the service never felt busy or overcrowded. This was because people were supported to lead truly person-centred lives and as such followed their own routines. As such, at no point during the inspection were all 10 at home. Relatives confirmed this view that people were also supported to follow their own individual routines.

Expert guidance and support was provided to staff by the registered manager. The services' policies and procedures referenced relevant national guidelines, professional codes of conduct and countywide policies to ensure that staff were always delivering care to current best practice. This included up to date legislation and publications from CQC, NICE and the Health and Safety Executive. Through the process of effectively supervising and engaging with staff, reflective learning was encouraged and staff were motivated to continually provide and develop already high standards of care.

People told us that they were always being asked how they would like to see the service develop and what improvements could be made. People weren't just consulted about quality assurance; they were the process by which the provider measured their success. One person proudly showed us their identification card which detailed they were employed by the provider as a 'Quality Checker.' They told us, that once a month they went different services to do checks on the quality of the service being provided. The position was a paid post in which the person had applied. We saw the references and interviewing process that had been completed and it was evident from the excitement that exuded from the person when they told us about this role that they felt proud and valued as an individual. The minutes from the 'Quality Checker' meetings were both typed and audio recorded to ensure the outcomes were also communicated in an inclusive way.

There were numerous other formal systems for gathering feedback, including regular residents' meetings, reviews and an annual questionnaire. All these systems identified exceptionally high levels of satisfaction. The registered manager did a daily walk-around the service to ensure the physical environment was safe and homely too. There was also a wide range of audits used to monitor and analyse progress. The provider employed a Compliance Director who completed monthly reports on the service. Audits were based on the CQC fundamental standards and domains of safe, effective, caring, responsive and well led. Where shortfalls were identified, action plans were put in place and steps taken to take action promptly.

The registered manager was an excellent role model and every person we spoke with praised the way they led the service. The registered manager's passion and enthusiasm for providing high quality care was embedded in the culture of the service as staff were constantly driven towards excellence. Through the process of supporting staff it was clear that his leadership style was one of high support and high challenge. As such people were confident to express their views and staff felt able to challenge each other within a context of support and learning.

There was a high standard of record keeping which provided a clear audit trail in respect of all aspects of care and service delivery. Information was stored securely and in accordance with data protection. The registered manager was aware of his legal responsibilities in respect of documentation and the need to report significant events. Notifications have been submitted to the Commission in a timely and transparent way. Through the completion of the provider information return (PIR) the registered manager demonstrated a good overview of the service and how it continued to meet and exceed the required standards.

The provider worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The nominated individual (a formal representative of the provider) was a Governor and Trustee of Young Epilepsy. Young Epilepsy is a national charity that provides access to health and education services, research and support to parents and young people with epilepsy. The nominated individual shared his knowledge and experience from Broadham Care Limited to help Young Epilepsy in areas including inspections, policies and procedures and residential services. Part of the partnership working has included Broadham Care Limited being invited every year to Young Epilepsy's open day. At this event providers are able to show parents of young people what services are available to people with epilepsy.

The provider and management of the home have ensured on-going compliance with the regulations over a sustained period of time. Martham House was last inspected in August 2014 when it was rated Good in all five domains. Since that time the registered manager has worked in partnership with the provider who has two other services rated as Outstanding to share the excellent practices and learn from each other.