

Connifinn Limited

The Grove

Inspection report

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Ratings

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

Summary of findings

Overall summary

We last inspected this service in January 2016 where it was rated 'good' overall, with one breach of the regulations because medicines were not managed safely. This inspection took place on 13 June 2018 and was unannounced. At this inspection, we found that medicines were being managed safely and that the service was now rated 'Outstanding'.

The service is registered to provide accommodation and support with personal care for up to eight adults with mental health needs. Seven people were using the service at the time of inspection.

There was a registered manager in post. 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 service was exceptionally responsive and used innovative ways to ensure that it was providing care that was tailored to meet people's needs. Staff and management went the extra mile to include people in all aspects of their care as well as creating opportunities for them to socialise and integrate within the community. Arrangements were made to support people in maintaining relationships so that they could live as full a life as possible.

People's hobbies and interests were championed by the service and staff made sure people were taking part in activities they were passionate about. The service was actively involved with the local community in ensuring resources and networks were utilised to benefit people who used the service, as well as in the local area.

The service was particularly skilled at helping people explore and record their wishes about care at the end of their life and plan how these wishes would be met. The service was very responsive in enabling people to have a comfortable and dignified death.

Visiting professionals spoke positively about the service and had confidence that the care provided was person centred.

The service was remarkably well led and staff felt extremely proud to work there. Staff had a strong organisational commitment to the service and felt motivated. The registered manager had a clear vision and strategy to deliver high-quality care and support and to promote a positive culture that was person-centred, inclusive and empowering.

The service was innovative and had developed a community group for people with mental health needs, to benefit people who used the service and others in the wider community.

The service was safe and people were protected from harm. Support workers were knowledgeable about safeguarding adults from abuse and what to do if they had any concerns and how to report them. Safeguarding training was given to all staff.

Risk assessments were thorough and personalised. Support workers knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and support workers demonstrated they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Training for support workers was provided on a regular basis and updated when relevant. Support workers told us the quality of training was good.

Support workers demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences.

People were supported to have access to healthcare services and receive on-going support. Referrals to healthcare professionals were made appropriately and a multi-disciplinary approach was adopted to support people.

Positive relationships were formed between support workers and the people who used the service and staff demonstrated how they knew the people they cared for well. People who used the service told us support workers were caring and treated them with respect.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and communication needs.

Concerns and complaints were listened to and records confirmed this.

Quality assurance practices were robust and taking place regularly.

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 were protected from harm.

Medicines were managed safely.

Risk assessments were personalised and thorough.

Staffing levels were meeting the needs of people who used the service.

Accidents and incidents were recorded and reported.

Is the service effective?

Good ●

The service was Effective.

Staff had the skills and experience to support people in a personalised way.

Training for staff was relevant and up to date.

People were supported to eat and drink enough to maintain a healthy diet.

Is the service caring?

Good ●

The service was Caring.

The service ensured that people were treated with kindness and respect.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Innovative approaches were used to maximise each person's potential, and ability to take part in meaningful activity.

People were supported to maintain personal relationships and integrate within the wider community.

The service was skilled at ensuring people's wishes and preferences were adhered to in relation to end of life care.

People using the service knew how to raise a concern or make a complaint, and these were dealt with promptly.

Is the service well-led?

The service was exceptionally Well Led.

The registered manager and staff were innovative in developing services for people to use, as well as involving people in the wider community.

People who used the service were empowered to be actively involved in staff recruitment.

Staff across all levels were motivated and proud to work for the service. The registered manager was held in high esteem.

Quality assurance practices were thorough and robust.

Outstanding 

The Grove

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 13 June 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at the information we already held about the service. This included details of its registration, previous inspection reports and any notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to gain their views. Prior to the inspection the provider completed 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.

During the inspection we spoke with four people that used the service. We also spoke with five members of staff that included the registered manager, the deputy manager two support workers and the cleaner. We spoke with one healthcare professional who was visiting the service during the course of our inspection. We observed how staff interacted with people that used the service and we examined various documentation. This included three sets of records relating to people that used the service including their care plans and risk assessments. We looked at medicine records and financial records for people. We examined staff recruitment, training and supervision records for three staff that worked at the service, minutes of residents and staff meetings and staff and residents' surveys and various policies and procedures.

Is the service safe?

Our findings

At our last inspection in 2016, we found one breach of the regulations because the service was not managing medicines safely. There were no audits of medicines and there was no system in place for identifying the quantity of medicines held in stock. At this inspection, we found that these issues had been rectified and medicines were now being managed safely. The deputy manager showed us medicine records and told us about medicine audits, "Each resident has a MAR (medicine administration record) sheet. We record any allergies, sensitivities, refusals, planned absences. We also have a glucose monitoring sheet for [person] who is diabetic. I do random audits as well as weekly and count loose medicines." Records showed that weekly medicine audits were taking place these were up to date and contemporaneous. In addition, people who used the service had information in their care plans about each medicine, it's dosage and any potential side effects. One person told us, "I know my meds and their side-effects. Meds are given the same time each day."

People who used the service told us they felt safe. One person said, "Yes, I have no worries about that." Another person said, "The staff help to make this a safe place to live." A third person explained, "My things are in a safe."

Policies and procedures were in place for whistleblowing and safeguarding adults from abuse. Staff were knowledgeable about what to do to if they had concerns about people's safety and told us they felt they would be protected if they needed to 'blow the whistle' on poor practice. One support worker told us, "The ethos here is to make sure people are happy and safe. If I had any safeguarding concerns I'd tell the registered manager who is very responsive to these things. Over the years, nothing serious has arisen but if I needed to I'd blow the whistle." Records showed that any safeguarding concerns were recorded and reported to the local authority and Care Quality Commission (CQC) when necessary.

The deputy manager told us that two people managed their money and finances independently and everyone else was supported by staff. They explained, "We carry out daily petty cash checks and everyone has their own petty cash book and box of receipts." The deputy manager showed us cash records and receipts for all transactions that they supported people with and all transactions linked correctly with corresponding receipts.

People's risk assessments were personalised and robust. Records showed that each person had signed their risk assessment and care plan each time it was reviewed, which records showed were every three months. Risk assessments contained detailed information about people's mental health needs, signs of relapse and relevant actions to take. One person had a risk assessment in place for their challenging behaviour which consisted of damaging property. Their risk assessment stated, "[Person] can be verbally abusive and aggressive towards other but tends to direct his physical aggression towards property. [Person] often blocks toilet with various items. Remain calm and consistent with [person], employ de-escalation and distraction techniques whenever possible, offer regular one to one to allow him to vent his frustrations, listen to calm music, go for a walk or to his room, provide [person] with personal space and encourage [person] to remain incident free by offering positive feedback on good behaviour."

The registered manager told us about the service's approach to risk mitigation and stated, "Our approach is unique in that we strongly believe that we have to give people as much freedom to explore their boundaries as possible. We prefer to make a situation safer for them than to take away their right to explore that situation." The registered manager explained people living in the home had a history of living in restrictive environments and he believed in the importance of supporting people to learn to take risks and make mistakes in a safe way.

The service routinely completed a range of safety checks and audits such as fridge temperature checks, first aid, fire system and equipment tests, gas safety, and water temperature checks as well as infection control practices. The systems were robust and effective. Each person had a fire risk assessment and personal evacuation plan in place. Fire equipment had been checked and labelled accordingly. One person's fire risk assessment stated, "[Person] is a chain smoker and smokes in his room...[Person] to be advised to smoke only in smoking area/back garden. [Person] to be advised to keep his lighter/matches in the office." The deputy manager explained, "We check [person's] room three or four times a day. We were thinking of making the building smoke free but this would cause anxiety. Everyone participates in fire drills and we discuss procedures."

Infection control practices were in place and the COSHH (Control of Substances Hazardous to Health) cupboard was securely locked and the home environment was clean. The service employed a cleaner who worked five days a week. They told us, "I clean all the rooms, I change the bed, there are always enough cleaning products. The staff also clean at weekends." During our inspection, we saw that the cleaner was wearing a protective apron and gloves whilst cleaning and these were disposed of appropriately once they had finished their shift.

The service made sure there were sufficient numbers of suitable staff to support people. A health professional told us, "There is consistent staff and I know most of them, I've been coming here for over three years." During our inspection we observed staffing levels were meeting the needs of people and there was always someone available to provide support. Records showed there was one sleep-in support worker at night. One person told us, "There are plenty of staff." Another person said, "There are usually three or four on at any one time which is enough. Staff make the time to support us." A third person stated, "There is always somebody here if you need someone." The deputy manager explained, "There are up to six support workers on at each shift. One person is on one-to-one care. There's plenty of staff." A support worker told us, "I live five minutes away, if anyone needs support we have a good support network." The registered manager added, "We have a very low staff turnover."

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. The service carried out risk assessments where appropriate for any DBS findings. DBS stands for Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

Accident and incident policies were in place. Accidents and incidents were recorded and we saw instances of this where the deputy manager kept a summary of all incidents, the actions taken as a result and whether CQC had been informed. The service demonstrated their willingness to learn from any incidents and the deputy manager told us, "If there is an incident we record any preventative measures, underlying causes and risk assessments are updated. In terms of lessons learnt, with one [person], they think things are going missing all of the time so we record everything they tell us has gone missing." In addition, this person found comfort in writing letters to organisations in connection with them thinking that items were going missing. The registered manager added, "This resident's daily behaviour consists of litigation towards anyone

involved in his care. Our approach is to support him in his letter writing and facilitate law involvement by offering a neutral but factual viewpoint to all those involved. We find that this approach gives our resident no barriers to fight against, particularly when we are the focus of his accusations. This has taught us that by maintaining our integrity in all precarious dealings with him, he feels safe in our robust and honest approach."

Is the service effective?

Our findings

Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to them being placed at the home. People's history and needs were documented clearly and assessments contained information about people's clinical diagnosis, symptoms, warning signs and action plans as well as a physical assessment. Records showed that before a person was placed at the service, a transition period was established to ease them in. The deputy manager explained, "With all our residents, we give a three month period where we start them with a day visit, build up to overnights and make sure they're happy and we can meet their needs. For example, with [person] he became our resident in 2017 but relapsed and came back again. It's his first placement in his life, he spent his whole life in hospitals. He has settled now, we have good and bad days."

All staff received ongoing training upon commencement of employment and records confirmed this. Training included adult abuse, mental health, anxiety, challenging behaviour, diabetes, end of life, food hygiene and infection control. A support worker told us, "There has always been consistent training and it's of good quality." Records also showed that the Care Certificate was provided to all staff. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The deputy manager said, "Yes, we do the Care Certificate. It is good, it gives you all the fundamentals."

Staff supervision was taking place every two months and records confirmed this. Supervision topics included the job role, training, resident's needs and future development. The deputy manager explained, "Supervision is mainly done by the registered manager. We also provide supervision for the cleaner as it can be challenging for her." A support worker told us, "I feel tremendously supported. I am supervised by the registered manager, it's a very supportive team, any issues can be talked through." Annual appraisals were also taking place and looked at performance, changes, weaknesses, strengths, targets, objectives and a personal development plan for staff.

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 are called the Deprivation of Liberty Safeguards (DoLS). We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations.

At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was

within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

Support workers demonstrated a good understanding about obtaining consent from people. One person told us their consent was always sought by support workers, "Yes, they do [obtain consent]. And it is also part of the care plan."

The adaptation and design of the home was in line with people's individual needs. There was a large kitchen and lounge area with a book shelf, fish tank, paintings and a black board with a 'quote of the day' to motivate people who used the service. Each person had their own bathroom. Windows were fitted with safety restrictors.

During our inspection we observed people who used the service and staff eating lunch together. There were two options for people to choose from. On the day of inspection this was pasta or cottage pie. The deputy manager explained, "Some service users get involved with the cooking and shopping for example chopping and peeling. We don't have anyone here with dietary needs." A support worker told us, "We get a weekly food delivery and one resident has their own fridge out of preference. It's all home-made food. There's always so much to choose from, whatever they fancy they can have and sometimes we will get a take-away." One person told us, "The food is good. There are sufficient portions. The quality is good. They serve healthy options. And there is a reasonable variety." Another person told us, "The quality [of food] is good." The deputy manager told us, "We have a weekly food audit where we ask people what they really enjoyed and what they didn't. We'll ask them what their favourite meal was and their least favourite and document it, so we know what people are enjoying and what they're not."

People were supported in a multi-disciplinary way with the support of health professionals when needed. One person was recorded as having lost weight and a referral was made to a dietician. In addition, the service weighed this person on a weekly basis because this is what the person had requested. The deputy manager told us, "With [person] he lost a lot of weight and it got stuck in his head so he likes to be weighed every week." A support worker told us, "We work well with the health teams. We've got a good reputation and believe in working in a multi-disciplinary way." One person told us, "Hospital, GP, or dental visits are usually arranged within a week, when required. We see the doctor regularly anyway, at least every fortnight." Another person said, "We just need to talk to staff if any external support is needed." People's healthcare visits and appointments were recorded in their care plans, for example reviews, appointments with the community psychiatric nurse (CPN), GP and any blood tests.

Is the service caring?

Our findings

The service demonstrated a strong person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was compassionate and kind and staff demonstrated empathy for the people they cared for. The registered manager told us, "Residents generally find it difficult to fit back into mainstream communities and form positive relationships. They will often act out in unexpected ways because of this. Most residents lack positive, fulfilling family relationships and many don't have contact with any family at all. Our staff develop real emotional connections with residents and their families from a care-oriented perspective. Residents have genuine affectionate relationships with staff and in many cases have met their families in safely risk assessed circumstances. Longer term residents have watched children of staff grow up and have been part of their lives, in some cases from birth to adulthood. This builds on the familial connection of everyone who's a part of the home."

People who used the service echoed the service's person-centred culture and told us they felt cared for and treated well by support workers. One person said, "I feel that they treat us with kindness, compassion, dignity and respect." A second person told us, "Yes. Staff are good, as is the environment. Staff are very good and friendly." Another person told us, "Staff are good. They support me when I need to do something." A fourth person explained, "The staff are good and there is also a mixed demographic." People we spoke to also told us, "Staff do care. I have been here for years and have built up a rapport with them." Another person said, "Staff do care. They cook for me and clean my clothes. They also help me with budgeting." A third person said, "Sometimes they go above and beyond."

During our inspection we observed people being treated with kindness and respect. People's rooms were personalised and decorated in accordance with their preferences. One person who was an avid football fan had their team's memorabilia in their room. They also had a radio, television and DVD player. We observed that support workers always knocked before entering people's rooms to ensure their privacy was respected. One support worker told us, "No one will ever walk into someone's room without knocking. We always knock. That's the upmost important thing, the respect of the residents. They like their own space." Another person told us, "Yes. They will knock on your door before entering. They will also call me by my smaller name, which I like." A third person said, "They treat us properly. They'll even knock on the door before entering."

People were respected and valued as individuals and were given private time. One person told us, "I go to my room or go outside if I need some peace and quiet." Another person said, "I can go out or I can go to my bedroom." A third person said they could have alone time, "Any time I want."

A relative provided feedback in the service's annual survey that stated, "Connifin Ltd is the most caring care service that I have ever come across, where staff actually care about the residents as people. I feel that Connifin Ltd is a company that has a heart and truly tries to help residents to live their life the best way they can, coping with their illness."

Records showed that staff had received training in respecting people's privacy and dignity. The provider had

a policy on dignity, privacy and respect which reminded staff that they were guests of people who used the service and they should behave accordingly. The policy also gave guidance to staff in line with the Equality Act 2010 about not discriminating against people who used the service regardless of age, gender, disability, race, religion or belief, gender reassignment, sexual orientation, marriage or civil partnership, and being pregnant or on maternity leave. The registered manager told us, "We do not discriminate. One of our service users was gay and we've also had a lot of gay staff."

Is the service responsive?

Our findings

The service encouraged and supported people to develop and maintain relationships with people who mattered to them both within the service and the wider community to avoid social isolation. A support worker explained, "Every year we all go to the registered manager's house for Christmas dinner, including the residents. The guys here never had a family Christmas and we've been going to the registered manager's home [for Christmas] for ten years." During our inspection we were shown photographs of resident's enjoying Christmas dinner with staff, the registered manager and his family. The registered manager explained, "My children have never had a Christmas without the residents. Two of my children have worked at the service and before everyone sets off to my house for Christmas Day, the staff check everything, make sure that medicines are packed. We risk assess and if there are any issues, we'll provide one to one support to get them to my house. We have a lot of staff available and the service users know my family, and everyone gets a present. One of my kids will play the piano and there's lots of home cooked food. It replaces what they haven't had and they trust us a lot more. It's not 'us' and 'them'." In addition, the registered manager explained how much people who used the service enjoyed going to his home for Christmas and that if anyone wanted to stay at the home, this was supported, "We get feedback from the service users on how much they enjoy it from them and their community mental health team. Some might not want to go to my house and they don't have to, so we accommodate that."

As well as Christmas celebrations, the service also held parties for Halloween and hosted a fancy dress party at the home where the registered manager's family also attended. Photographs from Halloween parties showed people enjoying the festivities.

In addition, one person was supported to maintain a relationship and was supported by staff to visit their partner on a regular basis. A support worker said, "[Person] will go to [location] for two nights to visit their [partner] and the registered manager ensures that there is a member of staff to accompany [person]." This support worker also told us, "We go to Southend beach every year, they all love it." During the inspection we observed one person talking to the registered manager about their recent trip to Southend and they spoke positively about their time there and how much they enjoyed the drive.

The service went the extra mile to find out what people had done in the past by way of hobbies and were proactive and innovative in supporting people with their interests. One person's care plan stated that they were artistic and enjoyed painting and that they had done this historically and whilst in hospital. This hobby was encouraged by staff and the person's art work was displayed around the home. In addition, they were supported in having their work displayed at a local art show. This meant the service was proactive and innovative in supporting people to follow their interests and take part in activities that were relevant and appropriate to them, including in the wider community.

The registered manager told us how they implemented person centred care, "Our person-centric approach goes beyond ticking items from a check-list. The Grove house a warmth and family atmosphere that can't be mimicked or replicated. We have the periodic massage, aromatherapy and reiki sessions. We hold weekly art and regular photography groups and computer and iPhone lessons. These are all individually tailored to

meet residents needs and wants. For music, we have our piano in the courtyard which one resident regularly plays. We still enjoy karaoke evenings, dog walking in [local park] forest and picnic/barbeques in the summer."

Activity timetables were displayed in the lounge area of the home and included dog walking, visiting the local village, bowls club, leisure centre, art gallery and volunteer gardening. These activities were reflective of people's preferences, as per their care plans. The registered manager explained, "We don't tend to have the TV on in the communal area as it was too stimulating and would trigger certain behaviours in people. Now, without it on, people are motivated to do more with their day." The deputy manager told us, "For example for [person], first thing in the morning he'll go to the shop and the café. He loves driving around in the car with one of the support workers and listening to the radio." A support worker explained, "We have lots of social lunches, computer time, basic photography sessions, social evenings with a quiz and bingo. On people's birthdays we always make a big deal and we'll do a cake and all sign a card. People love that." One person told us, "We have one-to-ones. They interact with us every day. Staff cook for me too. A staff member bought us a couple of drinks once and we chatted." Another person said, "I like going to the café, after a walk. I also watch TV and like chilling out." A third person explained, "I like sitting in the sun when it's out. I also like the house dog, Nina."

The service was particularly skilled at helping people and their support workers to explore and record their wishes about care at the end of their life, and to plan how they will be met so that they feel consulted, empowered, listened to, and valued. This was achieved by recording people's preferences in an 'advance care plan'. The deputy manager explained, "We had one resident who passed away here. That's what they wanted and we respected that and kept him here, it's their home. The [advanced care plan] is reviewed every three months or sometimes they'll just start talking about their wishes so we add the information in."

In relation to end of life care, the registered manager added, "Our last loss was at the beginning of last year, a long-term resident and real character spent some time in an induced coma before leaving us. In his dying hours, a member of staff held his hand while playing his favourite music which he had downloaded to an iPod. None of our residents has died in the hospital or in the home without the comfort of a close member of staff holding their hand. He verbally expressed that he wished to be buried in an Elvis coffin and having no family, for staff and residents to arrive via stretched limo. After the funeral, a celebration of his life was held at the home, with a photo-collage and alcohol-free wine." The registered manager also explained how the loss of a person impacted the people who used the service and staff and said, "Almost all of our residents are long-term and many are life-long. Over the course of our 19 years we have experienced our fair share of bereavement. Dealing with loss is always a sad time for our residents but also sometimes very scary, as an inability to deal with and process the emotions can lead to a psychotic breakdown so it is particularly crucial that we handle the processing of these emotions and ongoing closure with sensitivity and certainty." The registered manager also explained that they consulted healthcare professionals to support with this if necessary.

One person who used the service had recently had a family bereavement. Their care plan stated that as a result they were finding it difficult to communicate their feelings and had started to isolate themselves. The service arranged for this person to attend a local Black People's Mental Health Association (BPMHA) twice a week in order to socialise and communicate with others. This person's recent care plan review stated that as a result of attending the group they were, "Coping well at the moment and appears to be stable and engaging well with peers and staff respectively." This meant the service was responsive to people's needs and found relevant groups for people to attend in order to support them with their mental health.

Care plans were reviewed every three months and records confirmed this. The deputy manager told us, "We

update the care plans every three months or more often if needed, these are our reviews." Care plans were personalised and contained information relevant to their needs and preferences. One person told us, "I do have a care plan and I do have some say on what goes in it." In addition, the service actively supported people to achieve outcomes set out in their care plans. A support worker told us, "We had one person here for five years and they've now moved in to their own independent home. We also have one person who has been supported to decrease their medication." One person's care plan stated that they had a keen interest in cooking and records showed that this was encouraged and the person was supported to develop their skills to prepare food such as rice and noodles. This meant that people were encouraged to meet outcomes and promoted independence.

The service predominantly supported people on a long term basis and the registered manager explained, "We have had people move on to independent living but we have a reputation with the mental health and forensic team and tend to have people placed who have had previously failed placements. With some of the service users, there are legal restrictions on them moving on."

Visiting professionals told us that the service was focused on providing person-centred care and support. A health professional who was visiting a person on the day of inspection told us, "I'd say it's good here. It's like a home, there's a dog, cats. They're quite skilled here, they use their strategies or call me. It's safe, I only have one client here at the moment and they're skilled in recognising risks."

The service had a complaints procedure in place that was displayed around the home. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. Records showed that no formal complaints had been made since our last inspection. People who used the service told us they knew how to make a complaint. One person said, "Any issues from either side and we'll chat." Another person said, "If I have any problems I would speak to one of the staff here, as I know that [they] will listen to me." A third person told us that they had raised an issue with their television and stated, "My TV broke a while back and they [staff] knew that I like my TV so they helped to get me a new one." This meant that the service was responsive to any complaints or issues raised. A fourth person said, "I would speak to the manager. I have complained once about the food and they acted quickly."

Is the service well-led?

Our findings

The registered manager and staff had strong links with the community and had developed an initiative for local people to use. The registered manager told us about this initiative and stated, "We started our own community project called 'Better Together'. We engaged with the local authority to let us use their bowling green and we have an art and newspaper session every Friday. It's been going on for three years now and is open to anyone with mental health issues. We play bowls, people drop in for a cup of tea, we play cards. As there have been a lot of day-centre closures, this is a good resource for people in the community." This meant the service had a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. In addition, records showed that in May 2017 the service was awarded a 'gold' rating in the local authority's league table for mental health services in the area.

Staff were motivated and proud of the service. The registered manager explained his ethos and stated, "It's not an 'us and them' situation. We all work as a team. My kids have grown up here, every Christmas the service users have Christmas with me and my family. My ethos here is to make it as close to family as much as realistically possible. I've worked in mental health since I was 19 and I am a qualified psychiatric nurse." The deputy manager told us, "It's like a family, dynamic relationships." A support worker explained, "I've known the registered manager since the start of the service and we have a very good relationship. From day one it's been about person centred care. The registered manager's idea is to make a home for people and it's like a family home. There's nowhere else I'd rather work."

The deputy manager told us about the support they received from the registered manager and said, "I get a lot of support in general. He's a manager that goes the extra mile, even with personal matters. He also goes the extra mile with the residents, taking them to Southend and to his home for Christmas." The health professional we spoke to during our inspection told us, "The management are very good, the registered manager has clinical knowledge and the deputy manager is quite good."

The registered manager told us how they kept staff motivated and ensured that staff felt valued and respected and that honesty and transparency were key elements of the service working effectively, "Everyone who has worked here for a year, I send them to something called a Landmark Forum, which I pay for. It's a weekend-long forum that is super motivating and ultimate life coaching for development and integrity. When you come into work, and everyone has been to Landmark, you can be super honest with each other." A support worker told us, "The Landmark Forum has impacted my work massively, you're able to be much more honest with yourself. We no longer come into work with our own baggage, it allows you to be more imaginative and collectively take risks, and we think outside the box. We're all one, great team work here, we're all very close. Anything that happens here is talked about, nothing comes as a surprise." The registered manager explained how sending staff on the forum had a very positive impact on the people who used the service and said, "We have a positive outlook and they trust us. Because we have so many individuals with potential relapse, they trust us and we're capable of dealing with it."

In addition, the deputy manager told us how the entire team engaged in social events together and that this

was down to the registered manager and their passion to keep staff motivated and engaged, "We have staff nights out. We recently went to the opera, we go to the pub, the cinema, have Christmas parties. It's fantastic to have a manager like him. He recognises our strengths and weaknesses and encourages people in their careers. He's an exceptional person."

The service provided volunteering opportunities to people with an interest in mental health and records confirmed this. The registered manager explained, "We have three volunteers at the moment, two are second year psychology students. They all have an interest in mental health and they usually volunteer once a week. I provide them with supervision and they will receive teaching sessions from me and on-going training on an ad-hoc basis and a reference." The registered manager explained the positive impact that using volunteers had on the service and stated, "It acts as a good befriending service, for example a volunteer will click with a service user, they'll go on dog walks, a coffee. Also, it's a good way to recruit, it's an intimate working environment and most come here as volunteers and from lots of different cultures, which is massively important in a multi-cultural society." The registered manager added, "A lot of our staff go on and become CPN's and go on to university to study."

Management ensured that people were engaged and involved in the running of the service and this was demonstrated by offering people the opportunity to take part in the interview process of potential new staff members. The registered manager told us, "Residents take part in interviews with the staff and volunteers. It's a good way for us to see how the residents interact with staff. The residents will also meet and greet with potential new staff, and provide us with feedback. We've had occasions where service users haven't warmed to someone and we have decided not to hire." This meant that people felt empowered and that their views were considered and respected.

People who used the service spoke very positively about management. One person said, "[The manager] is cool." Another person told us, "Both the manager and the deputy manager are approachable." A third person explained, "The manager, to be honest, is very good." A fourth person told us, "The staff work well together. They are strong."

Team meetings were taking place on a monthly basis and records confirmed this. The most recent team meeting in May 2018 discussed the service's recent five star rating by Environmental Health, incident debriefing, cleaning, medicines and each person who used the service. Resident's meetings were also taking place on a monthly basis and included discussions around birthdays, whether people were happy with the service, activities and outings.

Quality assurance practices were robust and thorough and records showed they were taking place regularly. The service compiled an annual report which was comprised of accident and incident reporting, near misses, the local authority's audit, survey results and feedback from professionals and people who used the service. This information was used to drive improvements and learn from any mistakes, for example, feedback from people who used the service were used to create action plans and strategies to support people and meet their needs. The deputy manager explained, "From the questionnaire we saw some people raise issues, for example [person] was complaining about their personal items going missing so we investigated each thing and made a record of it." Records confirmed this was taking place.

Feedback from professionals from the most recent survey in December 2017 was very positive. One health professional stated, 'This is an excellent and caring service.' Another health professional said, 'An excellent care provider.' The staff survey from December 2017 was also very positive and feedback included, 'Working here is stimulating, interesting and rewarding. The company has such a high level of care and support that makes it a pleasure to work here', and 'The company has proven itself to be highly valuable in its ability to

involve everyone, despite their backgrounds, values and differences. It incorporates everyone in a way that makes you matter in all ways. Any mistakes are learning curves and all things or qualities that make you you, are treasured and merged into the fabric of the company.'

The registered manager provided bespoke mental health training to all staff and told us, "I do the mental health awareness training based on the training I got myself as a CPN. It's very interactive and I encourage staff to talk about their own experiences. I give actual case studies. I practiced for 18 years as a CPN and I was a senior nurse when I opened here. I maintain my CPN registration, my knowledge and background as a CPN helps massively." Records confirmed that the registered manager was actively registered as a mental health nurse. As a result of this training, the registered manager asked staff to complete a training evaluation form in order to obtain feedback which included, 'An extremely interesting course what has increased my awareness of the complexities of mental health and how to deal with issues as they arise' and 'excellent'.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when someone has a serious injury. The registered manager had a good understanding of when they needed to notify us. We checked our records and we had been notified when required.