

The English Dominican Congregation (Stone) Charitable Fund

St Martin's Centre

Inspection report

Stratford Lawn Stroud Gloucestershire GL5 4AP

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Ratings

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

Summary of findings

Overall summary

St Martins Care Centre is registered with CQC as a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides residential and nursing care. The service can accommodate up to nine people aged 18 - 25 years of age with physical disabilities and associated learning disabilities. The People are not resident in the home full time and stay for short overnight breaks away from their main home.

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

The registered managers, the leadership team and the staff were highly committed and passionate about providing an outstanding standard of care and support that was unique for each person, creative and very personalised. This enthusiasm and commitment was reflected in the excellent outcomes for each person when they stayed at the service.

Medicines were managed safely. Medicines were stored safely and the team were given relevant training so that they knew their responsibilities in relation to the secure and safe management of people's medicines.

People continued to receive a highly effective service. Staff met people's needs and were well trained and supported in their roles. Staff understood the principles of the Mental Capacity Act 2005. This meant people's legal rights were fully upheld when they stayed at the service. People were well supported to eat and drink the meals and drinks they enjoyed. Healthy eating options were also encouraged.

The service was caring. The staff were very kind and caring to everyone they supported. This was also reflected in the extremely positive feedback that people, relatives and professionals gave us about how exceptionally caring the service was. People experienced very positive and caring interactions with all the staff team. The team showed they were compassionate and very knowledgeable and insightful about people's unique and very complex needs.

There was a very strong commitment to ensuring people received care based on best practice guidance, with the aim of achieving the best possible outcomes. The management team encouraged people, their relatives and staff to share their opinions and ideas for any improvements that could be made.

The service continued to be exceptionally responsive. This was seen in the way the team demonstrated a total commitment to providing outstanding support, which put people at the centre of everything. People were able to live their life's as they wanted to and were constantly very well supported to try new activities,

events and visit social venues.

The service was well led. This was evidenced in numerous ways. People who stayed at the service benefitted from strong, clear and passionate leadership. The registered managers and senior manager were all passionate about providing person centred care. This ethos was reflected in every aspect of the service. The registered managers, supported by the senior management team, was continuously looking at ways to improve the service even more. These values that were fully embedded into the team were for the clear benefit of the people who stayed at the service.

Staff told us they were proud to work at the service. The team told us both registered managers were very supportive and they were given plenty of opportunities for professional development. The registered managers had developed warm, close very positive working relationships with staff and other stakeholders. The registered managers encouraged and motivated the staff team with regular meetings, formal supervisions and a lot of training. The registered managers were aware of their responsibilities and worked with people who used the service, relatives, staff and the provider. This was to continually improve the quality and safety of care that people received. Quality assurance systems were in place and fully embedded into how the service was run. There was a programme of audits that were highly effective in driving continual improvements to the quality of service.

People stayed in a service that had a very happy, positive and warm atmosphere. Feedback from relatives and health and social care professionals confirmed this highly positive atmosphere was a constant aspect of the high standard of care and service people received.

People were protected from the risk form unsuitable staff because the recruitment procedures ensured that appropriate pre-employment checks were carried out. This was to try to ensure only suitable staff worked at the service. People were supported by enough staff with whom they had developed close and very positive relationships.

The premises had been purpose built and offered excellent well-maintained facilities that supported safety and quality in the care that people received. All bedrooms had very high quality facilities available, which included a mix of ensuite facilities, including television and internet access.

Staff continuously went beyond expectations to ensure that people received an exceptionally individualised service that was flexible and responsive to their needs. Staff and carers respected each person's individuality. People were empowered to express their wishes and opinions and make their own choices.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Good •
The service remains good	
Is the service effective?	Good •
The service remains good	
Is the service caring?	Good •
The service remains good .	
Is the service responsive?	Outstanding 🌣
The service remains outstanding	
Is the service well-led?	Good •
The service remains good.	



St Martin's Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We gave the service five days' notice of the inspection site visit because it is not open all the time and we needed to be sure people were in. This inspection took place on 06 October 2018 and follow up calls were made as part of the inspection on the 13 October 2018. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We looked around the premises including bedrooms, bathrooms and communal areas. We also viewed records, which included two people's care records, three staff recruitment files and records relating to the management of the service.

We met six people who used the service, four relatives, three support workers the two registered managers and the senior nurse manager. We spoke to two relatives by phone after our visit to the service.



Is the service safe?

Our findings

People looked very relaxed in the company of the staff on duty. We saw that people engaged with staff and approached them through the day. This conveyed that people felt safe and relaxed in the company of the staff who supported them.

Staff we spoke with demonstrated an in-depth understanding of the signs of abuse and the actions they would take to protect people from harm. The service had an up to date and comprehensive policy in place to support and guide staff in responding to any allegations of abuse. We saw staff had signed the policy to show they had read and understood it.

There was a clear and up to date system in place that demonstrated that appropriate actions had been taken by the provider to investigate and act on any allegations of abuse. Records we looked at of historical matters showed evidence of completed investigations and appropriate actions taken as part of investigations. Statutory notifications had been submitted to the Care Quality Commission promptly.

People's medicines were managed safely. There were safe systems in place for the storage, administration and recording of medicines that each person needed when staying at the service. We saw that staff had a detailed and comprehensive knowledge about people's medicines and how to administer them safely. Staff were sensitive and supportive to people when giving them medicines. For example, we observed staff supporting one person during administration by offering gentle distraction activities whilst the task was being performed. Medication Administration Records (MARs) were complete and provided staff with the relevant guidance to support safe medicines administration. These included up to date relevant guidance where specific instructions were required.

People continued to be supported by enough staff to meet their needs and keep them safe. Staff told us and duty rotas confirmed that staffing levels supported people to receive unrushed and very attentive support with all aspects of their care needs. We saw throughout our visit that there was enough staff to promptly respond to each person and to meet their full range of needs safely.

We saw suitable arrangements were in place for responding to a fire. Procedures were up to date and reflected current regulation and best safe practice. Personal Emergency Evacuation Plans (PEEPs) were in place for each person. These were in place to protect each person from harm in the event of an emergency. Fire records included regular essential checks on firefighting equipment as well as fire systems checks, evacuation testing and an up to date and detailed fire risk assessment.

Each care plan had individualised guidance in place that set out the safety risks and needs of each person at the service. This guidance clearly showed how staff could support and protect them from unnecessary risk or harm. They included a background history of the person as well as any potential hazards, the consequences of the risks if no measures were in place and how to protect people. Risks identified included, safety issues in the premises, medicines, eating and drinking and risks when going out.

An audit system was in place to ensure that all incidents and accidents were reviewed regularly. This was to look out for and clearly identify trends and patterns and improve safety as a result if required.

Staff were aware of how to report and record any accidents or incidents. Records showed this included what had happened and the immediate action taken. The registered managers and senior staff followed up the reports and showed the measures taken to minimise risks. This system helped ensure actions were put in place, that helped people to stay safe.

People continued to be protected from the risks from unsuitable staff because safe recruitment procedures were still in place and followed. Satisfactory references were taken up before any new staff could begin working at the home. There was a Disclosure and Barring Service (DBS) check undertaken for each staff member. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. The records also included proof of the employees address and identity.



Is the service effective?

Our findings

People continued to be supported with their needs in ways that were effective. We saw staff care and support people in the ways set out in their care plans. For example, when people needed assistance with their mobility needs, staff provided the support they required. Staff discreetly supported certain people with personal care needs including bathing and washing. We saw staff offer people emotional support. Staff did this by spending time with people on a one to one basis to talk to them and listen to them, giving them an opportunity to say how they were feeling. The staff when needed supported certain people to maintain good skin integrity due to reduced mobility and the risk of skin breakdown.

People who lack capacity can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff and the management demonstrated a very thorough understanding of the principles of the MCA and DoLS and how it was applied when protecting people from unlawful restrictions. Training records identified the staff had completed in depth training relating to the relevant knowledge and skills. This meant staff knew how to protect people from unlawful restrictions. Up to date and detailed policies and procedures for MCA and DoLS were available to all the staff. These gave clear guidance and set out the legislation that supported them in decisions that protected people. This was to prevent unlawful restrictions and optimised the freedom people experienced at the service.

Care records included detailed mental capacity assessments. These had been completed in ways that showed a person-centred approach for each individual decision for each person. Where best interest's decisions were required these had been completed and confirmed any relevant professionals and family members had been involved. Efficient and robust systems were in place to ensure appropriate DoLS applications had been submitted to the placing authority. The registered managers demonstrated a clear oversight of all the submitted applications as well as the monitoring of their progress. They had completed an audit to ensure that the service had completed and sent applications correctly and in a timely manner.

People's nutritional and hydration needs were being met and the standard of catering and meal time experience at the home was good. Many of the people who used the service had very complex nutritional needs. Staff could tell us and we also saw, how they provided skilled and sensitive support to each person with their nutritional and hydration needs.

In each dining area there was nutrition information that set out people's specific dietary needs and other relevant information. For example, information included if the person needed to have a special plate to aid them eat independently, any fruit juices they could not have because of medicines they were taking, or what type of glass they liked their juice in. We saw this information was kept confidentially and was available so all staff could refer to the information during mealtimes. People were offered a choice at breakfast, which

included porridge, cereals and toast as well as a cooked breakfast. People were supplied with drinks and snacks during the morning such as cakes, drinks and fresh fruit. Snacks and drinks were also readily available for people if they wished to eat something they fancied. The chef actively sought feedback from people, staff and families about the standard of food, what people liked and did not enjoy.

People continued to be supported by suitably trained and supervised staff. Staff told us the training on offer was very good and relevant to their role. An electronic database was used to monitor staff training. Some training was considered mandatory, such as health and safety, manual handling, safeguarding, fire safety, controlling the risk of infection, Mental Capacity Act and Deprivation of Liberty Safeguards. Staff also completed. an introduction to supporting young people with very complex needs. Staff completed this training before working at the service and there were regular updates around the needs of the people who stayed at the service. Most training was in an electronic format but face to face training and workbooks were also evident. Some training was updated annually and others every six months or two years.

Staff told us they had supervision meetings about once a month and an annual appraisal. We saw records which confirmed this. Every member of staff had received supervision in the two months prior to our visit. Staff said it was useful and involved discussion about aspects of care and development, and any support they needed. Staff all told us they felt very supported in their role by the two registered managers and the senior nurse manager.

The service had been purpose built and provided excellent facilities to keep people safe. We saw that the premises helped ensure the individual and complex needs of each person were safely met. All bedrooms were large and contained accessible rise and fall beds that supported mobility and personal care needs as well as supporting the safe moving and handling procedures for staff. If specialised equipment was required for people during their stay all bedrooms had plenty of room to accommodate them.



Is the service caring?

Our findings

People and their relatives told us that staff were exceptionally kind and caring. One person who stayed at the service regularly told us, "They are all amazing." Other people told us, "I like all the staff here and watching films, staff are nice."

Relatives told us that their family members received an outstanding level of very positive, gentle and compassionate care and support. Feedback and comments included, "The staff are fantastic with [family member], he loves coming here, "The staff are caring kind and they all go the extra mile ", "X is so happy when he comes home. he likes it more now than being at home ", "I know I can leave X and he is safe and very well cared for all the staff are very friendly caring kind and compassionate", "It is so person centred everything is done around X 's needs I get photos when X is here and they keep me updated about what he has been doing " and "It's really is exceptional don't know how it could be improved. It gives us time for the rest of our family and him his own time."

Relatives told us told us that the staff were sensitive to their family member's needs, knew them and the person they supported well and went over and above their job role to give them support and care needed. One relative carer told us, "The staff do a fantastic job and it is done with genuine love and commitment. I can't speak highly enough of them." We received many similar comments from other relatives. Some relatives said that at times there had been some small issues, especially at the beginning of a placement, but were dealt with quickly and sensitively. The needs of the person receiving care had always been put first but that their opinions were also listened to and respected.

Relatives said that the registered managers and the staff team went out of their way to provide an ambience and environment that nurtured and supported people as well as promoted people's self-esteem. This view was also expressed by health and social care professionals who told us that people broadened their confidence and skills through staying at the service, and developed a close rapport with the team. A professional told us that the registered managers and staff team provided an amazing service that constantly went the extra mile. People were supported by staff who planned with them what their wishes and goals were. For example, staff often gave up their own time to take people to events such as music festivals.

One person who used the service had been fully and compassionately supported when they experienced the loss of a very close friend. The person had been exceptionally well supported to complete some charity work to support a local hospice that had been closely connected to their friend who had died. This meant the person was able to fully and safely grieve as well as celebrate the life of their friend.

Staff were consistently very sensitive to people's emotional needs. We saw all the staff were very skilled in meeting these and showed a great deal of empathy when supporting people. There was detailed information in each care record to support staff when assisting people. Communication passports were in place to helped staff to recognise people's emotions, such as when they were happy or anxious. They knew people well. Staff explained, and we saw, how they used people's body language as visual clues to

understand what people feeling or were trying to say. Visual aids were used to reduce people's anxieties. A 'now and next' board uses symbols to let people know what they were doing now and then later. Social stories are short descriptions of a situation, event or activity, which include specific information about what to expect in that situation and why. Staff had developed books with simple words, pictures and symbols that set out this information in ways certain people who used these communication methods could understand they could understand. Staff had researched many different types of electronic devises that were used by certain people to communicate their needs.

We saw in people's support plans that they were listened to and that this was reflected not only in their day to day lives but within their care plan records. People's interests, wishes and aspirations were clearly set out. This meant that a person-centred approach was achieved. Each person had their own unique goals. Staff understood extremely well what mattered to each person for example, staff used a skilled, calm and sensitive approach to support certain people who found contact with others very stressful and challenging. This very skilled and caring approach meant that people who were particularly sensitive and vulnerable to their surrounding and other people could safely stay at the service. People were supported to keep in touch with friends and partners when at the service Some people had visits during their stay This information was reflected in those people's care plans.

People took part in activities throughout our visit and were sensitively encouraged by staff to take part in what interested them. There were constant very positive, warm and cheerful interactions between people and staff. People approached staff when they needed assistance or wanted to socialise with them. Some people could communicate verbally and make their needs known to staff.

Is the service responsive?

Our findings

People continued to receive a service that was outstandingly responsive to their needs. People continued to receive care and support that was highly responsive to their particular needs. Care records clearly set out each persons' individual health needs and how best to support them. People had complex needs that included epilepsy, difficultly in swallowing and changes in mental health. There was clear evidence that professionals were regularly involved in supporting people to keep optimum health. The service employs their own Speech and Language Therapists (SALT). These staff are available over a seven day week as required. This is an excellent example of how the service invested in the wellbeing of the people they support.

There was clear evidence that the service understood the importance of ensuring the well-being of the person and their family members. The registered managers and staff had frequent contact with relatives to arrange the timing of short breaks and handover arrangements. Relatives told us the service met their needs very well as well as the needs of their family member. This gave them a regular break from caring for their family member, relatives said staff also provided them with ongoing emotional support. Relatives said they would not be able to continue caring for their family member without the service. They said it gave them peace of mind to know their family member was being very well looked after by staff they trusted and were happy when they stayed at the service.

The service had built up links with a charity that supports people with a disability to have a ready to access toilet facility at public events. The organisation support people at the service who go to rock and pop festivals. One person told us they had recently been to the WOMAD festival. This link with the charity means that people could, and regularly did, go to rock concerts and other events and still maintain dignity and comfort. This was also an excellent example of the service working with other organisations, in this case to ensure people received a highly responsive and flexible service.

Highly responsive systems were in place that supported a positive stay and overall experience for each person in the service. This was because relatives and the staff team told us that before any admission for a short break in the home all guests or their families were contacted. This was to obtain the most up to date and helpful information about them. This included any changes in the persons care and needs. This was to ensure that the care delivered to each person was up to date, individualised and tailored to the person. Families told us the managers and staff kept in regular contact with them, and ensured they were fully happy with how their family members stay had been planned before they came to the service. This was also described as being "very reassuring" by everyone that we spoke with. Care was also taken to ensure that staff who worked with people knew them very well and there were always key staff members that people got on very positively with on duty during their stay.

The service's aim was to support people for a short period of respite care to give people's main carers and family a break. The service went above and beyond this aim. They were very flexible when families needed to change dates, extend stays or plan a long way in advance. A relative told us this was one of the many aspects of the service that made it a "fantastic service"

and a success. This was only achievable due to the care, commitment and flexibility of the registered

managers and staff team.

The registered managers told us that the staff team aimed to support people to feel they were valued members of their local community, as this was important for people's confidence and sense of self- worth. Many people who used the service had chosen to take part in an externally organised charity projects designed for people with disabilities and were based locally. Staff told us that people had also been involved in baking for and hosting a fund-raising coffee morning recently for a national cancer charity. People had engaged very positively with this. Staff and family members told us that people's overall mood and wellbeing had really benefited from these stimulating activities .This in turn had led to a reduction in some people expressing themselves with behaviours that were challenging.

To offer plenty of opportunities to those people whose complex needs meant they did not like going into the local community a swimming pool had been built on site. This was used regularly by those people who found the crowds at a public swimming pool too challenging. The people who used this pool benefited as it helped calm their mood and offered them a relaxing and stimulating place to enjoy. Staff and families told us those people who used the on site pool benefited because they were calmer, happier and their overall wellbeing was enhanced by being able to swim when they wanted to.

Care plans were specific about people's cultural needs, for example if a person ordinarily attended a place of worship when living at home and/or followed certain practices, their care plan gave clear guidance as to how they wished to meet their spiritual needs when staying at the service.

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People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The registered managers told us that the service focussed on the importance of reflecting on and learning from complaints. As was applicable at the last inspection there was a complaints policy and procedure in place were reviewed regularly to ensure it remained fit for purpose. Posters continued to be displayed in a variety of formats throughout the two bungalows so that people knew how to make their views known. An external advocate visited the service regularly. Their role was to be a supportive and independent person that people could talk to This was someone other than a member of staff if they wanted to.

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Is the service well-led?

Our findings

There were two registered managers in post who provided excellent leadership, were highly positive roles models and gave staff ongoing and constant support. They worked very closely with a senior nurse manager who also lead the service. There were clear lines of accountability that were shared by the managers. All the staff fully understood what areas of the service each of the three managers took a lead and responsibility for. The three managers were all extremely enthusiastic and committed to providing the best service possible.

All the staff we spoke with strongly felt the registered managers and nurse manager were strong, visible, approachable, fair and transparent managers. They all said they put the needs of the people at the service first, and worked closely with staff to ensure they felt supported and enabled to fulfil in their roles.

Relatives and other professionals and staff told us, "They are all amazing we have a laugh but we can go to any of them at any time." "They are unbelievable they know all the young people so well and they always lead by example."

Relatives told us, "It's so well run its part of why we know X is safe here." Further feedback from relatives included "The management are all so committed" and "The manager is extraordinary she's known everyone for so long she always has time for everyone."

People demonstrated a fondness and attachment towards both registered managers. Most people had known one of the registered managers for many years. This was because this registered manager had worked for the provider for over ten years and had been involved in people's move from children's' services to adults' services. One of the registered managers had been a regional finalist for a national award for Managers in the sector. These awards were held to celebrate excellence across the sector.

There were highly effective governance systems in place. These quality checking systems were used to promote an outstanding service that provided very high quality individual care and support for people. Senior staff completed their own audits, these included medicines management's, health and safety, the environment, staff training. and staff effectiveness. The registered managers maintained thorough on-going oversight of these audits. The service was extremely swift to act when shortfalls were identified. The service also had a clear understanding of how to achieve sustained improvement. Relatives stated that the service provided a consistently exceptional standard of care, was very responsive to people's individual needs, and people were always treated with dignity and respect. Improvements continued to be identified, these included how menus were planned, what activities people took part in and the number of staff and how they were deployed. This showed that the service recognised that striving for excellent was an on-going process for which feedback from family members was essential.

There was a very open and transparent culture in the service. Staff were very open, positive and 'upbeat' and could happily and confidently answer our questions. There was a calm, relaxed, friendly open atmosphere in the service. It was evident the registered managers and senior nurse manager spent a great deal of time with people and knew them and their relatives very well. The managers totally reflected the organisations values.

The managers told us how they were all fully committed and took great pride in always doing a brilliant job and doing the best job they could.

The service was run in a way that ensured that people achieved exceptional outcomes since staying at the service. They could be supported people to live their lives how they wished with the support of staff. The staffing team in the short breaks service were not afraid to give intensive support to people and their families when this was required. Performance and risks were carefully monitored, particularly with challenging placements. This was to make sure progress was being made and the risks were being successfully managed.

The registered managers were highly driven to improve staff knowledge and practice and to ensure their learning transferred to outstanding outcomes for people. To ensure new staff would embrace working in a person-centred way and adhere to best practice the registered managers had developed an exceptional 'person centred approach' to induction training for staff. For example, new staff are asked what was important to them and what they wanted from the organisation. They spent their first two days in the service spending quality time with people who use the service, family members and other members of the team. This enabled them to get to know people and enhanced relationships from the start. The registered managers had a proactive approach to supporting and motivating staff. From listening to staff and finding out how they wanted to develop as individuals and within the staff team. For example, some care workers were supported by the registered managers to become champions and leads in the service.

Throughout our visit we observed that people approached the registered managers and actively engaged with them using their verbal or non-verbal communication skills. For example, some people told her where they wanted to go on a shopping trip or what they wanted to do that day. Some people used warm facial expressions and body language gestures to show they were happy and relaxed in their company.

The registered manager and senior staff showed a very keen commitment to continuous development. This was for the constant benefit for the service, and all those involved with it. They were keen to grow their own knowledge, expertise and best practice. They regularly attended stakeholder meetings and events to share ideas and information. Senior staff also regularly provided training to share their own knowledge and expertise and help other service to improve.

The provider, registered managers and leadership team were fully committed to ensuring the service continually improved. This was by seeking feedback from people, relatives, carers and staff. The service had implemented different, creative ways that they could engage with people. These included regular meetings on a formal and informal basis, training events and surveys, which were used to drive improvement. Assisted technology was encouraged and fully supported for certain people. We saw certain people make their views known in this way thorough out our visit.

The registered managers completed their own monthly inspections to check care and support was being delivered appropriately. The provider, registered managers and leadership team were fully committed to ensuring the service continually improved. This was by seeking feedback from people, relatives, carers and staff. The service had implemented different, creative ways that they could engage with people. These included regular meetings on a formal and informal basis, training events and surveys, which were used to drive improvement. Assisted technology was encouraged and fully supported for certain people. We saw certain people make their views known in this way thorough out our visit. The registered managers completed their own monthly inspections to check care and support was being delivered appropriately. The Registered Managers also organised monthly care team meetings for the service team.

One of the registered manager led the session to ensure all staff were fully developed in their roles.

The views of people who used the service were gained through daily contact and regular reviews. Survey questionnaires were sent to people's family members annually. The views of all family members of a person who used the provider's services for the last year had been analysed and were positive.

They all said they put the needs of the people at the service first, and worked closely with staff to ensure they felt supported and enabled to fulfil in their roles.

Relatives and other professionals and staff told us, "They are all amazing we have a laugh but we can go to any of them at any time." "They are unbelievable they know all the young people so well and they always lead by example."

Relatives told us, "It's so well run its part of why we know X is safe here." Further feedback from relatives included "The management are all so committed " and "The manager is extraordinary she's known everyone for so long she always has time for everyone."

People demonstrated a fondness and attachment towards both registered managers. We saw this by the ways that people constantly approached both managers during our visit to see them and spend time with them. Most people had known one of the registered managers for many years. This was because this registered manager had worked for the provider for over ten years and had been involved in people's move from children's' services to adults' services. One of the registered managers had been a regional finalist for a national award for Managers in the sector. These awards were held to celebrate excellence across the sector. This showed how the registered manager was driven to achieve very high outcomes for the service and very passionate about their roles and responsibilities.

There were highly effective governance systems in place. These quality checking systems were used to promote an outstanding service that provided very high quality individual care and support for people. This was evident in how the staff team were very reflective and all looked at how they could improve their practice to ensure that the support delivered was completely person-centred. The registered managers and nurse manager were key in ensuing that the service was safe, responsive, caring and effective. Under their and the provider's leadership, the service had improved and developed and been able to support people to an even higher standard to lead meaningful lives during their stay.

Senior staff completed their own audits, these included medicines management's, health and safety, the environment, staff training. and staff effectiveness. The registered managers maintained thorough on-going oversight of these audits. The service was extremely swift to act when shortfalls were identified. For example staffing levels were reviewed to ensure there were always enough staff for people to take part in all of the activities they engaged both at the services and away from it.

The service also had a clear understanding of how to achieve sustained improvement. Relatives stated that the service provided a consistently exceptional standard of care, was very responsive to people's individual needs, and people were always treated with dignity and respect. Improvements continued to be identified, these included how menus were planned, what activities people took part in and the number of staff and how they were deployed. This showed that the service recognised that striving for excellence was an ongoing process for which feedback from family members was essential.

The provider was a registered charity. The trustees were very involved in the service and visited regularly. They were extremely engaged with the management team to determine how further improvements could be made. For example, they had recently reviewed the premises and modernisations and upgrades were planned to the building to enhance people's stay even more.

There was a very open and transparent culture in the service. Staff were very open, positive and 'upbeat' and

could happily and confidently answer our questions. There was a calm, relaxed, friendly open atmosphere in the service. It was evident the registered managers and senior nurse manager spent a great deal of time with people and knew them and their relatives very well. The managers totally reflected the organisation's values. The managers told us how they were all fully committed and took great pride in always doing a brilliant job and doing the best job they could. The service's visions and values promoted people's rights to make choices and live ordinary and fulfilled lives. This was reflected in the care and support that people received. People and staff reported that the registered manager supported them and included them in the running of the service. Staff told us they thought the service had an open and honest culture. Staff and people who stayed at the service told us they had regular meetings and made suggestions about how they could improve the service for each person.

The service was run in a way that ensured that people achieved excellent outcomes when staying at the service. For example, people with very complex needs and behaviours that challenge had been supported to go to concerts, the theatre and to sporting events and festivals. Feedback from families and staff was that people had increased their self-esteem self-confidence since staying at the service. This in turn had led to a reduction in behaviours that challenge from certain people.

Staff also fully understood the service's governance procedures and ways of checking quality Staff knew they had a key role in reviewing the service and how suggestions around improvements were implemented. All of the staff we spoke with had an in-depth understanding of people's needs. The staff told us they felt their passion for as well as knowledge and commitment to the people who stayed at the service was directly attributable to the registered manager's leadership.

People were supported people to live their lives how they wished with the support of staff. Feedback from families and directly from the staffing team confirmed that the team always gave the best possible care and support at all times to people and their families. Performance and risks were carefully monitored, particularly with challenging placements. This was to make sure progress was being made and the risks were being successfully managed.

The registered managers were highly driven to improve staff knowledge and practice and to ensure their learning transferred to outstanding outcomes for people. To ensure new staff would embrace working in a person-centred way and adhere to best practice the registered managers had developed an exceptional 'person centred approach' to induction training for staff. For example, new staff are asked what was important to them and what they wanted from the organisation. They spent their first two days in the service spending quality time with people who use the service, family members and other members of the team. This enabled them to get to know people and enhanced relationships from the start. The registered managers had a proactive approach to supporting and motivating staff. From listening to staff and finding out how they wanted to develop as individuals and within the staff team. For example, some care workers were supported.

by the registered managers to become champions and leads in the service. They actively supported the staff to obtain qualifications and every support worker was supported to obtain national vocational qualifications and specific qualifications around working with people who have learning disabilities. They also used the supervision process to identify other learning opportunities.

Throughout our visit we observed that people approached the registered managers and actively engaged with them using their verbal or non-verbal communication skills. For example, some people told her where they wanted to go on a shopping trip or what they wanted to do that day. Some people used warm facial expressions and body language gestures to show they were happy and relaxed in their company.

The registered manager and senior staff showed a very keen commitment to continuous development. This was for the constant benefit for the service, and all those involved with it. They were keen to grow their own knowledge, expertise and best practice. They regularly attended stakeholder meetings and events to share ideas and information. Senior staff also regularly provided training to share their own knowledge and expertise and help other service to improve.

The provider, registered managers and leadership team were fully committed to ensuring the service continually improved. This was by seeking feedback from people, relatives, carers and staff. The service had implemented different, creative ways that they could engage with people. These included regular meetings on a formal and informal basis, training events and surveys, which were used to drive improvement. Assisted technology was encouraged and fully supported for certain people. We saw certain people make their views known in this way thorough out our visit.

The registered managers completed their own monthly inspections to check care and support was being delivered appropriately. The registered managers also organised monthly development and support sessions for each team in the home. These sessions were held to improve staff knowledge, check understanding and to develop skills. One of the registered manager led the session to ensure all staff were fully developed in their roles.

The views of people who used the service were gained through daily contact and regular reviews. Survey questionnaires were sent to people's family members annually. The views of all family members of a person who used the provider's services for the last year had been analysed and were positive.