

Southdown Housing Association Limited

Beaconsfield Villas

Inspection report

58 Beaconsfield Villas
Brighton
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Ratings

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Beaconsfield Villas is a supported living service providing personal care and support to people living in their own homes. People living at the service had a learning disability and / or autism and some required support with their mental health. At the time of inspection eight people were receiving a service from four locations. Five people received support within their homes at Beaconsfield Villas, and three were living independently in their own accommodation in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support

People and relatives told us they were involved in their care and their support was planned to ensure people had a good quality of life. A relative told us, "It's good care planning, we have regular reviews and family are involved." People were supported to make choices about where they go, what they do and to follow their own interests. People were consistently positive about how they were supported. One person said, "I wouldn't be sitting here talking to you without their support, I can't express my thanks to the guys." People could access the local community and local health services; they regularly went on holiday and were supported to follow their dreams and aspirations. People were supported to maintain relationships with those who were important to them, they could visit people outside their home and have people visit them. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. We were told, "I like the staff and I like having my own space. Staff make me feel supported."

Right Care

People received kind and compassionate care. Staff respected and promoted people's dignity, privacy and human rights. Care and support plans were person-centred and focussed on people's strengths and promoted independence. One person told us, "To stay independent, if I go to hospital, they [staff] come with me. I'm getting on and find it a struggle to walk to the train station, so they come with me." Another said, "What staff do well, is talking and listening to me. Things I fail at doing they help me. Sometimes they say they won't do something, 'we will do it together', it's a team effort." The service used a positive risk-taking approach when considering the support people needed to help keep them safe. People had unrestricted access to their homes which promoted privacy and dignity. The service worked to ensure that people's

human rights were met and supported people to understand they have the same rights and responsibilities as other citizens. Staff understood how to protect people from poor care and abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People told us they felt safe.

Right Culture

Staff placed people's wishes, needs and rights at the heart of everything they did. The registered manager and staff understood the importance of relationships to people and made communication a priority. The registered manager and staff at the service demonstrated values, attitudes and behaviours which supported people to lead confident, inclusive and empowered lives. Staff had received specific training to meet the needs of people with a learning disability and / or autistic people and spoke with passion about people and the care and support they provided. Staff comments included, "When I see the positive reaction from people it's very fulfilling, when I see that my work makes a difference to people's lives." And, "I like having a job which is about helping people, every day is as fun as you make it." The service promoted an open and transparent culture which encouraged people and their relatives to share their views and make a complaint. We saw staff fully involving people with activities and tasks of their choosing. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Beaconsfield Villas

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since their registration with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. People who used the service communicated verbally, and some used different ways of communicating including using Makaton, pictures, objects and their body language and facial expressions. We spoke with six members of staff including the registered manager and five support workers. We reviewed a range of records. This included four people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rota's, minutes from staff meetings and quality assurance records. We requested feedback from two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. We observed people's care records which showed how other professionals were involved in keeping people safe.
- People and their relatives told us they were safe. One person said, "I do feel safe, this is because I have been here so long and I know everyone." Another person told us, "Staff are very friendly, they make me feel supported. A relative commented, "It is safe yes, I see [person] often, speak every day, they are capable to report to me directly if something was not as expected."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff we spoke with confirmed their safeguarding knowledge. Comments included, "The language and behaviour between staff and people might be a tell-tale sign." And, "I would document what I was told, go to the manager and higher manager. If I can't go to anyone in the company would go to the police, local authority or CQC."
- People and those who matter to them knew how and when to raise a safeguarding concern. One person told us, "I could go to [registered manager] if I had a big problem, they would sort it out." Another person said, "I would talk to [registered manager or [relative], or anyone here really but I have no reason to." This meant that people and their relatives were confident there was a system in place to manage safeguarding effectively.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. People received support from staff who understood the risks identified in support and risk plans. For example, one person required support from staff when they started to become anxious. We observed staff practicing deep breathing techniques with them and saw the person become visibly calmer and more relaxed when they had finished. This enabled them to continue enjoying their activity.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. For example, one person had a set routine which could cause them to become distressed if this routine was not followed correctly. There was a Positive Behavioural Support plan (PBS) in place which guided staff on how to help the person manage any distress in the event of any unexpected changes to their routine. This helped the person stay safe and achieve their goals and plans for the day.
- Staff managed the safety of the living environment and equipment well through checks and action to minimise risk. People had Personal Emergency Evacuation Plans (PEEPs) which were up to date and considered individual's risks. We observed records that showed the registered manager had discussed fire safety with people and staff and practiced the fire evacuation procedure. This provided assurance risks to people were being assessed and managed effectively.
- Staff raised concerns and recorded incidents, and this helped keep people safe. Accidents and incidents

were monitored and investigated by the registered manager. For example, when people had experienced a fall, the registered manager and staff did all they could to understand how the fall had occurred and put measures in place to reduce the risk of it happening again.

- People received safe care because staff learned from accidents and incidents. Lessons learned after an accident or incident were shared with the team. We spoke with staff about how they were kept updated when incidents or accidents had occurred. One staff member commented, "The communication book and team meetings are good. [Registered manager] brings things to our attention, daily diaries tell us what people have been doing." Records confirmed there was an open and transparent approach to learning from incidents.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. We observed people going out with staff and people planning their activities for that day. One person commented, "We went to Blakers Park today. We went walking, I liked it." Another person told us they would like a new kitchen in their flat and said staff had taken them to a shop to look at kitchens and pick up a brochure. They showed us the brochure and were excited to have chosen the style of kitchen they wanted.
- The numbers and skills of staff matched the needs of people using the service. The registered manager ensured there were sufficient numbers of staff on shift to meet people's needs and records confirmed this. The provider had a bank of 'relief' staff for use as required. Staff told us there were enough staff most of the time. Comments included, "We are not often short staffed. We make sure everyone still gets what they need but it's the social side which is more limited. We always explain to the clients and they are fine." And, "Generally this is okay. If we're short it's hard for us, but it doesn't happen often."
- Staff recruitment and induction training processes promoted safety. Staff completed training which enabled them to support people living at the service and matched their needs. One staff member told us, "PBS was good, it was enlightening. I've never worked in a place like this before, it was really good to help me understand."

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. People had medicine care plans which contained information staff needed to support people in a way they preferred. We observed people being supported with their medicines in line with their care plan. One person liked their medicine dispensed into a specific pot; we saw staff do this. We observed staff going to people's flats to support them so they could take their medicines safely in private when appropriate.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager and staff spoke proudly of the fact that through using effective behavioural support approaches they had completely stopped the use of 'as required' (PRN) medicines to manage people's behaviour. Comments included, "This is the ultimate goal," "There's no-one on PRN here" and "I think it's the way we are with [person], we are more flexible in our approach."
- People were encouraged to be independent with their medicines. One person told us, "They help me with my meds, they remind me and keep an eye on my stock, that sort of thing. Any problems I will let them know." Another person showed us their medicine pack and said they managed their medicines themselves, staff confirmed the person was independent with their medicines and told us how they had informed staff when they noticed a tablet was missing so the pharmacy could be contacted and the issue resolved.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff

supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. People had a regular 'My plan' review which included the views of the person, those important to them and staff. The 'My plan' review was an opportunity for people to review their care and support together with staff. Staff told us how some people enjoyed their 'My plan' reviews and prepared for the meeting by discussing what they wanted to say beforehand and buying biscuits for those who would attend.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. One person enjoyed pottery and before the global COVID-19 pandemic, had been attending a pottery class each week. Staff had initially accompanied the person but as their confidence and independence grew, they began to attend on their own. The person said, "I sometimes go to do my pottery, I like what I have made." They proudly showed us their cup, pot and other items which were on display in their home.
- People had clear pathways which showed how they would work toward future goals, this included skills teaching in their support plans. One person showed us how they changed their television channel and operate the programme menu, and how they could call for help through use of the call bell system in their home. Staff explained how learning these skills had promoted independence, safety, and enabled the person to make their own choices.
- People had health action plans and health passports which were used by health and social care professionals to support them in the way they needed. One person's relative when asked about their access to healthcare said, "[Person] sees a doctor and dentist, they are well organised, staff inform me and [person] tells me." Records confirmed staff made sure people were supported to access healthcare appointments when required.
- People played an active role in maintaining their own health and wellbeing. A staff member explained how they had supported a person to attend the gym and the positive impact this had on the person's fitness. This had led to them buying their own exercise equipment and taking up a sport independently. The person told us, "I use my treadmill twice a day, when I get up and before bed. I also do boxing."

Staff support: induction, training, skills and experience

- People were supported by staff who had completed evidence-based training in the wide range of strengths and impairments people with a learning disability and / or autistic people may have. This included mental health needs and dementia, great interactions, positive behaviour support, person-centred support, human rights and restrictive interventions. We saw staff communicating with people using the skills they

had learnt from training and those they support. A staff member told us, "I have learnt from [person] with Makaton. We ask [person] for signs of Makaton and they show you."

- Staff completed a comprehensive induction and additional training the provider considered appropriate to the role. New staff members shadowed more experienced staff and were introduced to people gradually. Most staff had worked at the service for years, their knowledge and experience was clearly reflected in how they understood and supported people.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff received feedback about their work and had opportunities to learn and develop. Staff felt supported by the team and the registered manager. One staff member commented, "I'm proud of the way we've supported people. We've supported everybody, but I can only do that because I'm supported."
- The registered manager checked staff's competency to ensure they understood and applied training and best practice. For example, staff received training in how to safely administer medicines. Staff told us, and records confirmed their competence was regularly assessed before they were able to give people medicines. This provided assurance the service was supporting staff to develop their skills and maintain best practice.

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

- People received support to eat and drink enough to maintain a balanced diet. People were able to plan and choose what they wanted to eat using a variety of methods tailored to their individual needs. Some people preferred to visit a shop and prepared a list of items with staff, others preferred to order their food online. We heard one person speaking to staff about preparing their list for their online grocery shop and talking about the meal they had cooked and eaten the evening before.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. People were supported to consider healthier food choices. We observed pictures in people's flats of healthier food choices and recommended portion size to help them choose. One person told us when asked about their meals, "They can be bad choices or good choices but it's my choice! Staff get me to eat healthy."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We observed staff supporting a person prepare their lunch. The person was encouraged to be involved, and tasks were shared. The atmosphere was light and jovial, and the person clearly knew and was comfortable with staff, they were smiling the whole time.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs. When furniture or the environment became worn or damaged, this was repaired or replaced by the provider.
- People personalised their flats and made decisions relating to the interior decoration and design of their home. Their environments were homely and stimulating. One person said, "Everything in my flat is my choice, the colours are my favourite." The registered manager ensured that when required and with people's consent, adaptations were made to promote people's independence. Some people had chosen to have a wet room instead of a bath. A person told us, "I got a new shower, it's not that new anymore but this helped me to be more independent."
- The design, layout and furnishings in a person's home supported their individual needs. Some people had induction hobs fitted in their kitchens to promote their safety. This enabled them to safely cook and prepare food in line with their needs and preferences. Another person had specific and unusual preferences regarding the layout of their home. Where appropriate, the registered manager had supported them with this and ensured that any adaptations made met with health and safety requirements.
- People had access to a garden which could be used by people how they chose. One person was interested in gardening, we observed gardening books in their flat. When asked about these they told us, "[Registered manager] does things to help me, like they are doing something to give me a space in the garden to grow my

veg. When they get the raised beds, I'll grow tomatoes and potatoes."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support. When decisions relating to restrictive practices were required, people and those involved in their care were consulted with their views recorded. One person had their kitchen locked at night. Records confirmed they were involved in this decision which was regularly reviewed. They said, "I don't mind if the kitchen door is locked". And upon review, "I want to continue to have my kitchen door locked, it helps me."
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. We observed capacity assessments for people's medicines, personal care, finances and sharing information. People were involved with these decisions and consent forms completed where appropriate. There were support guidelines in place for restrictive practices. For example, the medicine cupboard being locked and staff holding keys to people's flats. Records showed that people were aware of these restrictions and had given their consent.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. A relative told us, "[Person] is interested in horticulture and organics, and Brighton FC, the staff are into the same." This meant people were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. People told us how much they liked and respected the staff and registered manager. One person said, "The staff team are doing amazing work but [registered manager] can out rate anyone. If I wanted to, I would rate them 50/50. [Staff name] is my keyworker, I'd give them 50/50 too."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff members showed warmth and respect when interacting with people. We saw people and staff laughing together and sharing language meaningful to them, one person dropped their orange peel and said, "Oh we are having a smashing time." Staff told us they both always say that if one of them drops something. Other observations included a person and staff member singing together. The atmosphere was calm and relaxed, and appeared more like friends spending time together than support.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff supported people to express their views using their preferred method of communication. Staff had good understanding of people's communication needs; this knowledge was used to support people to make choices and decisions. One person preferred to use their 'planning board' when planning their support. Staff explained, "The sleep-in staff go through the plan with [person], only day by day or else it can be overwhelming."
- Staff supported people to maintain links with those that are important to them. One person was supported to see their family regularly. Staff confirmed, "[Person] sees their sister once a week, they like to go out with family, and we support them." Another person told us about their friend and how they sometimes stay at theirs. The person showed us a photograph on the wall of them and their friend together. Staff explained how they supported this relationship by arranging or providing transport and encouraging regular contact so plans to meet up could be made.
- The provider followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy. We observed frosted or stained-glass windows in people's homes to promote their privacy. Staff knocked and waited for an answer before entering people's flats, allowing people to answer the door themselves. People had tenancy support plans which explained how staff could help them to maintain their home and tenancy.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff made reasonable adjustments to ensure better health equality and outcomes for people. For example, staff shift times were adapted to suit people's needs. One person liked to lay in during the mornings and preferred to get up after lunch. Staff adjusted their shift time to ensure the person could have their hours of one-to-one support. When the person's sleep pattern changed, staff adjusted their shifts to accommodate their needs. The registered manager told us, "We have an incredibly responsive and supportive team. We treat people like adults and enable them."
- People learnt everyday living skills and developed new interests by following individualised learning programmes with staff who knew them well. Care plans for some people included social integration and independence skills. Staff told us of people who had previously required support with particular tasks but were now independent. One person had been supported by staff to attend the local barbers but now attended by themselves. Another was supported to 'DJ' at a local pub, they told us, "Staff took me there when I first started, then I was able to go alone. They [staff] would also know I might be a bit tired the next day as I would be home late."
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. The registered manager and keyworker system ensured people had one-to-one opportunities to discuss this. Staff comments on key working included, "It's about setting [person's] goals", and, "What they would like to do next year." One person told us, "My schedule is set by me and [registered manager]. They talk to me about what I want to do."
- The service considered people's future needs and preferences. The registered manager had shared an end-of-life questionnaire with people's relatives to gain their views, while thinking of creative and sensitive ways to begin conversations with people about the care they might want at the end of their lives. Staff were not currently providing end of life support, however, the registered manager confirmed that capturing people's thoughts and preferences was an area currently being addressed. Staff shared an example of how they had helped a person understand death, by adding their deceased loved one's name to a helium balloon and letting it go. They told us this had been effective in helping the person understand their loved one was "gone."

Meeting people's communication needs

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

- Staff ensured people had access to information in formats they could understand. We observed the visitors' book, COVID-19 awareness and handwashing posters were pictorial as well as written and in easy read format. We observed signage around the service demonstrating effective communication and ways to have positive interactions with people. People had white boards in their homes which had pictures, photographs or other visual cues which helped people know what was happening during the day and who would be supporting them. We saw staff discussing a person's whiteboard with them to help them recall what they had chosen for lunch.
- People had individual communication plans / passports that detailed effective and preferred methods of communication, including the approach to use for different situations. Care plans contained pictorial prompts for staff to use as a discussion point. This included people's preferred ways for staff to communicate with them. For example, verbal communication in conjunction with Makaton, or writing two options on a piece of paper so the person could remove the option they had discounted. We observed one staff member offer a person a choice of drink by holding up two options, the person made their choice and pointed to the drink they wanted.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One staff member spoke of how they learnt to understand people's individual communication needs. This included working closely with and getting to know people, reviewing information within their communication support plans, observing others and learning the gestures and signs people used.

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

- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. When we arrived for the inspection, we were met by a person heading out to work at a local shop, they were waiting for staff to take them. They joked, "it's the worst job ever" but had worked at the shop for many years. Later they explained, "I definitely would like a new job, there's two I'd love to do." The person told us of their ambition to work in social media and in a local café. They said, "The person who started me off is [staff name] ... They told me 'if you put your mind to it, you can!'"
- People were supported by staff to try new things. One person told us, "Me and [staff name] went to [town] for an indoor skydive, this was brilliant. My next one I want I pull the stops out and take [staff name and registered manager] to jump out of a plane. I have to do it; I have a bucket list you know." The staff member said about the experience, "I was really impressed when I took [person], I thought they wouldn't do it, but they did, and they loved it!"
- People were encouraged and motivated by staff to reach their goals and aspirations. People were supported to go on day trips and holidays of their choice. One person enjoyed a popular Australian TV show and was supported by staff to go on holiday to Australia and visit the set where the show was filmed. They happily showed us photographs of their trip and said they hoped to return one day. The person told us they were confident the team would help them achieve this.
- People were supported to participate in their chosen social and leisure interests on a regular basis. We saw rainbows painted in a person's window. They told us they liked to paint and showed us some paintings they had made. A staff member explained how the person always paints staff a birthday card and that he had kept all of them. We saw the person give a big smile when the staff member said this.

Improving care quality in response to complaints or concerns

- At the time of the inspection the service had not any complaints. However, people and those important to them could raise concerns and complaints easily, and staff supported them to do so. People told us they knew who to speak to if they had any concerns, a person said, "[Staff name] and me usually discuss things if

I have problems and issues."

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. Surveys had been adapted to help people give feedback and people could speak with staff and the registered manager.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked directly with people and led by example. Throughout the inspection we observed the registered manager working with people in a skilful and relaxed manner. They had an excellent understanding of people's needs and provided direct guidance and reassurance to staff as required. Staff and relative's spoke highly of the registered manager. One relative said, "[Registered manager], I speak to them, I'm always around the place, I can see for myself how the house is in good order." It was evident from the experiences of people and their relative's, the registered manager and staff, people's needs and wishes were at the heart of everything they did.
- Staff felt respected, supported and valued by the provider and the registered manager which promoted a positive and improvement driven culture. Staff told us, and records confirmed staff received regular supervision and an annual appraisal to develop and improve their practice. One staff member told us, "I love my job, everyone here is very supportive." Another said, "I really like my job, it's a good atmosphere here, everyone is really person centred and everyone seems to care about the clients."
- The registered manager set a culture that valued reflection, learning and improvement and welcomed fresh perspectives. They told us, "We listen, adopt active listening and respect people's views. We have excellent PBS in place, our person centeredness, we do not impose our views, we allow people to be eccentric." Staff said, "I could go to [registered manager] with suggestions, I have done this many times, we are open as a team." We observed, and records confirmed that staff were committed to reviewing people's care and support on an ongoing basis. One staff member commented, "We discuss people, you can add whatever you want to discuss to the team meeting agenda."
- Staff demonstrated good knowledge of people, their lives and previous experiences. The registered manager encouraged staff to work with people in developing support plans which focussed on achieving good outcomes. The principles of 'Right support, right care, right culture' were embedded throughout the service and shared with the team. Open communication was promoted within the team and morale was positive. One staff member told us, "There's good morale, team meetings are good, no problems, it's got a good culture here."

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

- The registered manager had the skills, knowledge and experience to perform their role, and understood and demonstrated compliance with regulatory and legislative requirements. They had a clear understanding of people's needs, effective oversight of the service and had a vision for how the service was

moving forward.

- Staff were provided with leadership understood their roles and responsibilities. We observed staff carrying out their responsibilities as required. For example, we saw one staff member checking the medicines delivery and another completing local audits.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. As well as their own local systems the service was overseen by the provider who completed an external audit every three months and shared the results with the registered manager from which actions to improve were identified.
- Staff performance was monitored, and staff had opportunities to discuss their learning and development needs. Staff told us that the manager was supportive both personally and professionally. One staff member commented, "[Registered manager] does regular supervision, they're always there. They're always trying to see what they can do to make your life better. You can't say that very often about manager's, can you?"

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

- The registered manager promoted transparency and honesty. The service apologised to people, and those important to them, when things went wrong. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC.
- When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. For example, when there had been a medicine error, the person was informed, staff competencies revisited, and learning was shared with the team.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. When asked about long-term plans they said, "Continue to support as we are, the support we provide here is exceptional." And, "We need to adapt as people's needs change, and continue to recruit staff that have the same values."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, and those important to them, worked with managers and staff to develop and improve the service. Staff encouraged people to be involved. The registered manager spoke of the importance of involving people, "The clients give their views, [person] has questions they ask new applicants, this is really important. People will soon tell you if they're not sure about the person or don't like them!"
- Relatives had regular contact with the service, felt able to share their views and spoke of good communication with staff and the registered manager. One relative said, "It's good communication with the manager... two-way communication, they were very responsive to our concerns about [person] getting the Covid vaccine."
- The service worked in partnership with other professionals and agencies. These included healthcare services as well as local community resources. Records confirmed that staff had contact with a range of health care professionals. This enabled people's health to be assessed so they received the appropriate support to meet their ongoing needs. Feedback from a health professional who knew the service was positive, "The staff are helpful and responsive. I feel they are very well informed about their residents and are proactive about contacting us when appropriate."