Advanced Caring Limited

Church View

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 12 and 13 June 2017 and was unannounced.

Church View is registered to provide care and support for up to eight people with a learning disability who present behaviours which challenge. At the time of our inspection there were eight people using the service. Church View is a converted residential property which provides accommodation over three floors. Communal areas are located on the ground floor; bedrooms are all single occupancy with en-suite facilities. There is an accessible garden to the rear of the service. The service is located within a residential area with nearby shops and community facilities.

The overall rating of good, which was awarded following the CQC's previous inspection of 1 and 2 June 2015, was displayed along with a copy of the inspection report in the hallway. At this inspection we found the service was now to be 'Outstanding'.

Church View had a registered manager. 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.

People told us they felt safe at Church View and that they had information about who to contact if they had any concerns. People understood potential risks and the ways in which their safety was promoted from an environmental perspective. People took an active part in the promotion of their personal safety and welfare and, where necessary, were supported by staff on a one to one basis.

People told us their rights and opinions were listened to and they were aware of the measures necessary to promote their safety, where their behaviour became challenging. Staff had a positive approach to risk taking. People's rights and choices were promoted with staff following clear guidelines reflective of the training they had received and people's individual needs to reduce the potential of risk. This positive approach to risk taking meant people were able to lead fulfilled lives and seek new opportunities.

People living at Church View were aware of safeguarding and had information so they could report concerns independent of staff. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service Medicine was safely managed in the home by staff who had received training and who had their competency to administer medicine regularly assessed.

Staff underwent a robust recruitment process, which involved people living at Church View having a say as to which staff to appoint. Staff induction was comprehensive to ensure staff had the necessary knowledge before they supported and cared for people. Staff had access to training, which was regularly reviewed and reflected changes in good practice guidance, which enabled them to meet people's needs. Staff were

committed to the rights of people and actively worked with them to promote independence, as detailed within the staff's codes of conduct. Staff received on-going supervision and appraisal which ensured they worked to the standard expected by the registered manager to ensure people received a high quality service.

People spoke positively about the meals. We saw and open and inclusive approach between people living at the home and staff, in the shopping, preparation and cooking of meals. People living at the home viewed Church View as their home, which was reflected by offering visitors and staff, food and drink. People's dietary needs were met and people were supported to go out so that they could enjoy food at a range of eateries.

People were aware of their health care needs and were supported by staff to make and attend appointments. We received positive feedback from a person's relative and we heard how staff responded to people's changing health care needs. This included how staff liaised with relevant health care professionals to promote people's health and well-being.

People living at Church View were extremely positive about the approach of staff towards their care and support. People's comments and our observations evidenced the positive impact this had on people's well-being as a result of the trusting relationships that had developed between them and staff. Staff were committed to the promotion of people's rights and supported people to celebrate their diversity. This included encouraging people to attend events held within the wider community for people with a lifestyle of their own who had shared interests. People were actively involved in the development and reviewing of their care plans. These reflected people's individual goals and aspirations, and records and discussions reflected these were being achieved.

People's needs were comprehensively assessed and care plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support reflected their preferences. We saw that people were at the centre of their care and found clear evidence that their care and support was planned with them and not for them. Each person had an 'All about me' record which had been drawn up with them and provided a clear picture of everything about the person including their needs, wishes, fears and aspirations. People were supported and encouraged to have strong links with the local community. This included attending arts and social events which included an invitation from the local Bishop to attend a garden party.

People were involved in the day to day running of their home and were encouraged to comment and influence how the home operated. People's views were actively sought and they had elected someone living at the home to be their representative. People had a comprehensive understanding of a range of people inside and outside the home they could contact should they have any concerns. This was actively promoted and encouraged by the registered manager and staff.

Church View was exceptionally well led by a dedicated registered manager who was passionate about the people who lived at the home. The culture and ethos within the service was that of transparency and empowerment. This was achieved by encouraging people's involvement and ensuring they had access to information which supported and promoted their equality, diversity and human rights. Best practice guidelines were followed and all staff were committed to the vision and values of the service. They had a comprehensive understanding of the legislation and policies that underpinned their approach to people's care and support.

A robust quality assurance system meant the quality of the care people received was continually kept under

review. This enabled on-going plans for further development of the service to be identified and planned for. All aspects of quality monitoring, which included the role of external agencies in monitoring quality, were known. Reports carried out by external agencies were shared with those living at the home and staff. This further supported the open, transparent and inclusive approach of the registered manager.

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 remained safe.

People felt safe at the service and took an active part in promoting safety within their home. People were aware of safeguarding and the role and contact details of external agencies. Staff had received training and understood their responsibility in the promotion of people's safety, which included safeguarding people from abuse.

Staffing numbers were flexible and there were always sufficient staff on duty to keep people safe and meet their needs. People received one to one support from staff to manage and minimise risk to themselves and others.

Medicine was safely managed in the home and administered by trained staff.

Is the service effective?

Good

Staff were provided with regular training and received on-going supervision and appraisal which enabled them to perform their roles effectively.

People were actively encouraged and involved in all decisions about their care and were provided with information to enable them to make informed choices and decisions. Staff understood their role and responsibilities in providing care reflective of good practice and relevant legislation.

People had sufficient to eat and drink and were involved in the planning, buying and preparation of meals.

Staff had a comprehensive understanding of people's physical and mental health needs. They referred and supported people to attend appointments to manage and promote health and well-being.

Is the service caring?

Outstanding ☆

The service remained caring.

People spoke of the positive and trusting relationships they had with staff and the positive impact this had on their day to day lives.

Staff were proactive in seeking the views of people living at the home. Staff encouraged people to make choices by providing them with information that enabled them to make informed decisions about their lives.

People's privacy and dignity was promoted and respected and people living at Church View knew how information held about them was managed.

Is the service responsive?

Outstanding ☆

The service remained responsive.

The care and support people received was personalised to meet their needs. People were empowered to take an active part in the development and reviewing of their care plans, in order that they achieved their goals and aspirations.

People's views about the service were actively sought. They had regular and differing opportunities to comment on their home and influence how the home was run. People had a comprehensive understanding of how to raise concerns, both within the home and through contacting external agencies.

Is the service well-led?

Outstanding ☆

The service remained well-led.

Staff we spoke with demonstrated that the vision and values of the service were fully understood and implemented. They spoke of their commitment to work in partnership with those living at the home to maximise people's independence and promote their rights and choices.

The registered manager provided strong leadership and had an open door policy for both people living at the home and staff. They were committed to the continued development of the service to improve the lives of those living at the home.

A robust system for the monitoring of quality in the home was in place. There was a strong emphasis on the continued development and commitment to improving practices, through continued learning and implementation of good practice guidance.

Church View

Detailed findings

Background to this inspection

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

The inspection took place on 12 June 2017 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in people with a learning disability. We returned on 13 June 2017, which we announced, to complete the inspection. This was conducted by the inspector.

We gathered and reviewed information about the service before the inspection. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received from the provider. Notifications are information about key incidents and events within the service that the provider is required by law to tell us about. We also contacted local health commissioners who fund many of the people using the service to gather their views of the care and service.

We used a variety of methods to inspect the service. We spoke with five people using the service, the relative of one person who used using the service by telephone. We spoke with, a visiting hairdresser, who provides a service to some people living at Church View, the registered manager, two team leaders and five support workers.

We looked at the care plans and records of three people, including medicine records of two people. We looked at the recruitment records of three staff. We looked at staff training records and minutes of meetings for staff. We viewed records in relation to the maintenance of the environment and equipment along with quality monitoring audits.

Good

Is the service safe?

Our findings

People's safety and well-being was promoted by the registered manager and staff. They ensured people living at Church View had the necessary information and to help keep themselves safe and how to respond appropriately if their safety was compromised.

We arrived at Church View unannounced. The door was answered by a member of staff. We informed the member of staff who were and the purpose of our visit. They asked to see our I.D. before letting us into the home. We were then asked to sign in the visitor's book. This showed staff's understanding of the need to promote the safety of people living at the home, staff and visitors. When we returned on the second day, a person living at the home, when they greeted us asked if we had signed in the visitor's book. We told them that we had. The person went on to tell us why this was important. Telling us that in the event of a fire it would be known who was in their home so as they knew everyone had left and was safe. This showed that people living at Church View were aware of the need to promote everyone's safety and took responsibility for promoting this.

We asked people about safety and want in meant to them, and why they felt safe. They told us. "When I first came here I wasn't comfortable with males, now I am." "I know each person; I have one to one support, some people living here have a mobile phone and when we open the door to visitors there is a member of staff nearby." People shared with us occasions when they had felt unsafe and why and how they had or would respond. "When people [others living at Church View] have bad moments I tell one of the staff. They tell me to go to my room or take no notice." The person went on to explain they would inform staff if they felt unsafe. They were confident it would be escalated as necessary.

People were aware of who they could speak if they had concerns and understood about safeguarding. People were able to name the registered manager, their line manager and the owner of the home, which included their contact details. In addition people were aware of the role and contact details of external organisations, whom they could contact if they had concerns, which included the local authority and the CQC. The notice board in the hallway contained copies of these policies and procedures and the contact details of the provider, owner and external agencies.

All the staff we spoke with understood their responsibilities with regards to safeguarding. They knew the different types of abuse and how to identify them. They also knew who to report any concerns about abuse to, and who to approach outside the service if that was required.

The registered manager was proactive in ensuring people living at Church View, understood the significance of safety. The minutes of resident meetings, which were produced by a resident, recorded that a range of topics around safety were discussed, this included how to respond in the case of a fire. A person told us how they would respond if they discovered a fire. They said. "I would sound the alarm and leave the home. We all have to meet at the fire assembly point and we do not stop to collect any belongings."

The most recent resident meeting had included a discussion about the 'emergency business contingency

plan'. Staff had talked about the plan, and the circumstances in which it would be implemented should Church View be temporarily out of action, for example, due to a flood. In addition people had an individual risk assessment for the evacuation of the service in an emergency, known as PEEP's (personal emergency evacuation plan), which highlighted the support each person would require. For example, the role of staff in supporting people with a hearing impairment that may not be aware that the fire alarm had been activated.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, they had an enhanced Disclosure and Barring Service (DBS) check, two references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may impact on the safety of those using the service). Our findings were consistent with information provided within the PIR.

People spoke positively of the impact staff had on their safety and the ability to meet their needs. They told us. "Yes, I'm always active. I need emotional support." The person referred to their keyworker, co-keyworkers and registered manager who provided support. "Always plenty [staff] in the week, less at weekends." When we asked if staff appeared rushed, they told us. "On no, very relaxed."

Staff had a positive approach to risk taking and enabled people to live as full lives as possible yet understood how to balance this with people's safety. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There was a range of risks assessments in people's care records, which included going out into the community and support to help the person manage behaviour that may be seen as challenging, had been planned for.

Staff we spoke with referred to the Code of Conduct for Healthcare Support Workers, which they were given a copy of. Copies were also on display within the home, including versions in 'easy read.' This presented the information using key words and phrases supported by symbols to assist the understanding of the document for some of the people who lived at Church View. We spoke with a member of staff about the training they had received to support people when their behaviour became challenging and how the training was used to reduce risk to the person themselves and others. The member of staff told us about their MAPA (Management of Actual or Potential Aggression) training and that physical intervention was the last option, and was rarely used, and would only be used when the person's behaviour was such that they would harm themselves or others. The staff member spoke of the focus of MAPA being to develop therapeutic relationships with people, so as and when a crisis situation developed, techniques such as diversion could be used. For example, encouraging people to take part in an activity which they enjoyed, such as listening to music.

People had support plans in place which provided information for staff about what could trigger certain behaviour, what to do if the behaviour occurred, how to respond when the behaviour first emerged and then advice on what to do subsequently. One person told us how staff accompanied them when they went out, and that for some activities, which included withdrawing money from the bank then two members of staff went with them. They told us this was because they found the subject of money increased their anxiety, and led to behaviour that was challenging. We sat with the person and looked at their risk assessment and care plan and found the information recorded was consistent with what the person had told us. They told us when they recognised they were becoming anxious, they would often go out for a walk, have a cigarette in the garden, or go to their room to listen to music. We asked them how staff supported them, they told us. "Staff will talk to me and reassure me. Sometimes I swear and hit out, staff know how to support me." The person referred to this as MAPA, showing they understood the information written and the actions undertaken by staff were to promote their safety.

The PIR identified areas for improvement over the next 12 months to further promote people's safety and meet their needs. This included the implementation of Active Support and the Positive Behaviour Support Framework. We found that two people's support and care plans had already introduced this approach. Staff had met to discuss this approach and were receiving training on its implementation. Staff were aware that its focus was to reinforce positive behaviour, and where negative behaviour was displayed, the idea was to intervene to turn the negative behaviour into something positive. A person's care plan we read identified this approach. It identified the need for staff to be consistent in their approach to the person's questions and behaviours and not to make sudden changes but to be predicable and structured, as agreed with the person.

People spoke positively of the safety and maintenance of their home. "I have my own locked room." And "Furnished my room over the years, and the house. Bought new cushions; plant pots, standing lights for lounges and pictures." Two people asked us to look at their rooms. Both bedrooms were spacious with an en-suite facility. The rooms had been personalised to reflect their own interests and collections.

There were effective systems in place for the maintenance of the building and its equipment and records we viewed confirmed this. That meant people were accommodated in a well maintained building with equipment that was checked for its safety. A person we spoke with told us about the 'PAT' testing of electrical appliances, and that a 'sticker' was put onto the appliance which meant it was safe to use. This further supported the registered manager's commitment to inform people living at Church View about safety.

People were supported on an individual basis by one or two members of staff for differing periods of time throughout the day, dependent upon their needs, which meant they could take part in activities within the home and the wider community safely. Staff ensured people were kept safe and their right to make decisions about their day to day lives were respected and their independence and choices promoted. For example, people made decisions as to what time they got up, what they ate and drank and whether they accessed the services within the local community. Staff worked together as a team which enabled them to respond to people in a timely manner, promote their choices and keep them safe. For example, during our inspection visit we were aware that staff supported people to access local shops and supermarkets, visit banks, bars and restaurants and local parks, either by themselves or with others who they lived with, who they considered to be their friends.

The number of staff on duty was flexible. This increased to enable people to go to specific events safely. For example, supporting people to attend social activities and occasions, such as disco's and other music and art events, held locally. And to carry out activities of daily living, such as shopping and visiting the bank and attending health care appointments.

People were supported by staff to take their medicines safely. People had been assessed as to their knowledge, ability and willingness to manage their own medicines. The registered manager told us that currently no one managed any aspect of their medicine independently, through their choice. People had a care plan detailing the medicine they were prescribed, why the medicine had been prescribed, how and where the medicine was to be administered. This was alongside information as to potential side effects which staff needed to be mindful of. The care plan included information as to how the person chose to take their medicine, for example with water.

We looked at Medicine Administration Records (MAR) and saw that they were completed correctly. Records were in place to instruct staff in what circumstance PRN (when required) medicine should be given. This prevented people being given medicine when it was not needed. A member of staff told us that PRN

medicine was rarely given, to support people when their behaviour became challenging. And that it was only administered when other options as detailed within a person's care plan had been followed without success. A person we spoke with told us that they were no longer prescribed PRN medicine when they became agitated or anxious as it was no longer required. They went onto tell us that other techniques to reduce their anxiety were successful.

Staff received comprehensive training on the management of medicine. Staff responsible for the administration of medicine had their competence assessed by the registered manager or a team leader. The assessment of competence included staff being observed administering medicine and being asked questions about specific medicine. This included why it was prescribed and potential side effects. This promoted the safe management of medicine.

The registered manager had a contract with a pharmacist who supplied people's medicine. The contract included a visit from the pharmacist to review medicine management within Church View.
We looked at the report produced by the pharmacist of their most recent visit and found that the pharmacist had raised no concerns and found the standard of the management of medicine to be good.

Our findings of the inspection visit, were an accurate reflection of information provided by the registered manager in the PIR. The PIR reflected the policies and procedures of the service and how they were implemented to ensure people's safety was promoted. This included the processes to ensure information about safety were regularly discussed and shared with people living at Church View and staff.

Good

Is the service effective?

Our findings

To facilitate a staff team that could support people well, the registered manager encouraged people living at the home to be part of the recruitment process. Three people had written their own questions to ask potential candidates. One person told us. "I interview new staff."

The needs of people using the service were met by staff that had the right knowledge, skills, experience and attitudes. Newly appointed staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. The induction period also meant been allocated a mentor and shadowing experienced staff members. A member of staff spoke of their induction. "It gave me a good insight into expectations."

We spoke with a member of staff about their role as a mentor. They told us they provided guidance and were a point of contact for new staff during their eight week induction period to ask questions to better understand their role. The mentor, upon the member of staff's completion of their induction, would then provide their on-going supervision and appraisal.

Staff told us they were supported by the registered manager through the practical on-going assessment of their work, which included observed practice, supervision and annual appraisal. Staff had a developmental plan which identified planned training for the forthcoming year. This ensured people were supported by staff whose training was up to date and reflected changes to legislation and new guidance, which promoted good practice from external organisations. A member of staff told us it was expected that staff attained the appropriate qualifications in care. "We must complete NVQ 2 in Care and the Care Certificate. We get support and can develop further." They went onto say they had attended an autism awareness courses and medication training, which included side effects of medicine.

Staff supervision records and minutes of staff meetings reflected the discussions held about key policies and procedures and the regulations of the Health and Social Care Act. This ensured that the staff approach to work reflected good practice and worked within the legal requirements. For example, specific regulations were discussed and the registered manager ascertained through discussion the staff had an understanding of the regulations and how staff could evidence they were meeting these.

Records we viewed showed staff had received the necessary training to meet the needs of the people using the service. People who lived in the home could experience behaviour that challenges. Staff had completed training in how to support people to manage their behaviour in a way that protected the individual, other people living in the home and staff members. Staff training records recorded staff had attended MAPA training, which is a British Institute of Learning Disability (BILD) accredited course that provides theoretical and practical knowledge and skills on how to support individuals who may display behaviour that challenges. Staff told us that this training was regularly reviewed and that clear guidance was in place for the implementation of MAPA. This was confirmed by information we read within people's care plans and records.

We asked people if staff knew how to support them and whether they communicated effectively. They told us. "Definitely." "Yes, (and with a smile nodded their head) said. I used to lay in bed all day, they encourage me to get up in the morning." A person whose needs had changed, which meant they required more support, told us. "They're [staff] bending over backwards."

There was a commitment by staff to promote and uphold people's rights, decisions and choices, which was reflective of the training they had received. Staff referred to the Code of Conduct for Healthcare Support Workers, which sets out seven key codes for staff to uphold. This includes a commitment that staff uphold the rights, privacy and dignity of people in their care to promote well-being and safety. Staff referred to this document and how in practice they upheld the codes. People who lived at Church View told us how their rights were supported and listened to by staff. Their comments included. "I'm really independent, go out when I want." "Go out with staff, when I want to out they take me out." One person told us. "I like to go out on my own, but I understand that staff have to be there. When I get a big angry I just walk out." The person explained how staff followed them at a distance. This showed how a person's decision was respected and their safety and welfare maintained.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and training records showed they had attended courses on this. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We 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. We found three people had an authorised DoLS in place, and one had been applied for. We looked at a person's DoLS that had conditions in place. We found the conditions were being met. Our findings were consistent with information provided within the PIR.

Records showed people who had a DoLS in place, had regular meetings with a 'paid person's representative' (PPR). The PPR's monitored the implementation of the DoLS and as part of their role they spoke with staff and viewed the person's records which recorded how staff implemented the DoLS.

We contacted a PPR via e-mail prior to our inspection visit to seek their views. They responded and advised us, confirming they had access to the person's records and that they had never had to question the care and support of staff in the provision of their care. The PPR stated that the person they visited was offered choices, which were very well documented in the person's daily records. And they found staff supported the person to do the things they enjoyed.

People told us about of their involvement with regards to food and drink. "I go to the shop for snacks and coke. Sometimes help make pizza." "I love my food, help with meals, lay the table, dry up and put away." "I like Sunday dinner." And. "I should do more in the kitchen, like to not get distracted. I treat myself to a takeaway."

Whilst there was a menu, this was used for guidance as staff explained that it was changed dependent upon

people's comments on a daily basis. Staff encouraged people to make healthy choice options, however recognised that people made their own choices and decisions about their food and drink. One person who was diabetic spoke to us about their food choices. They recognised that the choices they made were not always the correct ones, and they were aware that their decisions could potentially impact on their health.

We saw people return to their home with food they had purchased from local eateries. We also saw people making decisions about what they wanted to eat. Where people could not vocalise their wishes they pointed to items in the cupboard, which they wanted. People living at the home throughout the day regularly made us a drink, and they also offered us something to eat. One person invited us to visit them for Sunday lunch. People made themselves snacks, and when they did this they asked staff what they wanted to eat. We saw people making a range of sandwiches and snacks for both themselves and the staff.

People got together to discuss the menu on a weekly basis. The discussion being led by the spokesperson who had had been appointed by other people living at Church View. People were supported by staff to go to the local supermarket to buy their groceries, which we saw people doing during our inspection. People, both independently and with staff, accessed local shops for food, which included people eating out at cafés and restaurants, or accessing takeaway outlets for snacks and meals.

People received support to maintain good health and access health care services. People told us. "Staff make appointments and go with me." "When I have an appointment I go with staff. If they [health care professionals] use hard words I don't understand staff explain it." We spoke with a family member by telephone who told us that their relative, when they had gone to hospital, had been supported by staff that had stayed with them.

People's care and support was managed well by staff when they accessed other services, such as the local hospital services, optician or dentist. Staff supported people to attend required appointments and were swift to act when people's care needs changed. Records highlighted that staff worked closely with a wider multidisciplinary team of healthcare professionals to provide effective support. This included specialist health care teams, and speech and language therapists. External support was used to ensure that the behavioural strategies implemented by the staff team, were suitable and appropriate to meet their assessed needs. Health action plans were in place to help external professionals understand people's needs and detailed the action that had been taken.

Our findings of the inspection visit were an accurate reflection of information provided by the registered manager in the PIR. The PIR had referenced people's involvement in monthly key worker meetings, which were used as an opportunity to recognise people's personal achievements and agree new goals and aspirations for their immediate and long term future.

The PIR asked for information as to how the service was recognised for its good practice both currently and its plans for on-going development and recognition. The registered manager referred to the services registration as part of the Research Ready Care Home Network. There compliance in attaining a 'good' rating, awarded by Leicester City Council, who as part of their role monitor services who they have a contract with to provide care. The registered manager attended local provider forums and courses and updates arranged by the local authority so that information as to up to date practice can be implemented and shared with staff and people living at the home.

Outstanding ☆

Is the service caring?

Our findings

Our conversations with people and our observations highlighted that there was a very relaxed and homely atmosphere at Church View. We found staff understood people's mannerisms and behaviours, which enabled them to support people as they knew them and their needs really well. People had forged close relationships with staff because of the empathetic and supportive attitude that existed between them. Staff looked out for the people they supported. This added to the nurturing atmosphere within the home.

Staff were committed to building and maintaining open and honest relationships with people, to ensure people had confidence and trust in them. Staff were aware of sensitive times when people needed compassionate support, and were able to discuss issues with them with care and empathy. People spoke to us about the positive relationships they had developed with staff, the impact on their lives and how staff demonstrated they cared. "If I want to catch a certain bus we [staff and I] plan and look at bus timetables. We get on well." "Very kind, get on with all the staff. It's nice having staff support you." "They [staff] remind you they care, like asking 'are you eating today?'; when they check fire alarms staff warn me to go outside, as I don't like loud noises." People told us they were happy living at Church View. "It's a home for me, very happy." "It definitely feels like a home." A family member told us. "It's a big happy family, home from home."

We found staff worked hard to overcome any obstacles in the delivery of care and supported people in creative and innovative ways to maximise their independence. For example, People's care plans provided information as to the support people needed who had a hearing impairment. This ensured they were not excluded from conversations within the home. People living at the home understood the needs of others they shared a home with. We saw this when they and staff spoke to those with a hearing impairment. They positioned themselves so that the person could see their face and watch their lips. We sat with two people and a member of staff demonstrated their knowledge of 'Makaton' (sign language) and showed us a range of signs and what they meant. This demonstrated the person centred approach and culture of the home in ensuring people were valued.

Without exception staff demonstrated a commitment to the values of the service of putting the person at the centre of all their support, promoting people's opportunities to develop new skills and lead a fulfilled life where their rights were upheld at all times. Every member of staff we spoke with demonstrated a sense of pride and commitment to the work they did and the outcomes they supported people to achieve.

Staff were committed to promoting people's independence, which had a direct impact on people's quality of life. For example, at our previous inspection a person who went out independently telephoned staff to let them know they had arrived at their destination and telephoned to let them know they were on their way home. The person now only telephoned to advise staff they had arrived safely.

Staff invested time and effort in nurturing relationships that supported people so that they felt valued. It was evident from our conversations with staff that they knew people's likes and dislikes and ensure their preferences for support were respected. Staff were able to tell us of people's personal histories and things that were important to each person they supported; the information was included within people's written

records. This information enabled staff to identify how to support people in ways that they wished.

People spoke of their involvement in the planning of their care and making choices. People told us. "In my care plan I wrote what I like, what I don't like and important things to me." We sat with a person and looked at their care plan and other records with them. They spoke to us about their care plan, which they had signed. The information was an accurate account of what they had told us. Their care plan was comprehensive and included their wishes, goals and aspirations. A person we spoke with told us they wanted to live independently in the future, which meant they had to learn new skills so they could look after themselves. They told us they were learning how to cook and that staff helped them. People spoke about their independence and their contribution to the home. "I clean my room, do recycling, do stuff in the office. " "I try to keep my bathroom room clean; hoover, do own washing." And "I cook when I feel like it."

Staff were creative in ensuring people had accessible bespoke packages of care to ensure they were centred on the person. Monthly meetings between people and their keyworker took place to discuss, review and update their care plan. People we spoke with talked to us about these meetings. "My keyworker is [person's name]. She helps me decide what care and support I need and what I want to achieve." The records of the monthly meetings highlighted the goals people had achieved, and reflected the positive approach of staff towards recognising personal achievements. Achievements documented included helping out in the home, cooking, accessing community events, and purchasing personal items such as a bed and summer clothing. Each meeting identified planned goals for the following month, to ensure a continued focus on developing people's independence and skills.

Staff encouraged people to explore their care and support options and supported them to explore sources of additional help and advice. For example, Information about advocacy services, which was provided in easy read format, was displayed on the notice board. People using the service were able to identify the range of information on the notice board, and were able to talk to us about its contents. This demonstrated the inclusive philosophy of the home of the registered manager and staff to ensure people had the information they needed. People using the service had appointed someone to be their representative who chaired the meetings within the home and produced the minutes of their meetings.

People's privacy and dignity was proactively promoted by staff, people's documents were securely stored. Meetings involving those living at Church View and staff meetings had recorded that the regulations within the Health and Social Care Act where it related to people's rights and choices were discussed. This showed a commitment by the registered manager to promote understanding people's rights.

Staff we spoke with referred to the Codes of Conduct for Healthcare Support Workers and how they related to people's privacy and dignity, and how these codes were put into practice. For example, a member of staff told us how they supported someone to go out. The person, on occasions on seeing members of public with food, would take the food or drink from them as they passed them by on the street. The staff told us that when they observed a member of the public approaching with food or drink, they would distract the person they were supporting, in a sensitive and discreet way so as not to draw attention to the person and their behaviour.

Equality, diversity and human rights approach to supporting people's privacy and dignity was embedded within the service. People's individuality and diversity was celebrated, respected and recognised by staff that made every effort to provide people with every possibility opportunity as part of their care and support .People we spoke with shared their views about privacy and dignity, equality and human rights. And how the life they led reflected their lifestyle and views. One person spoke of their recent visit to Birmingham and previous attendance and participation at rallies held to celebrate people's diversity. A second person spoke

of the recent general election and that they had voted. They shared their concerns about the policies of some political parties, because of their stance on equality and diversity. They told us. "It's not right that [political party] doesn't believe in same sex relationships. We should all accept each other and the way people choose to live." They went onto tell us how diversity was celebrated within Church View. "The staff here are from lots of different cultures and backgrounds, we talk about these so that we have a better understanding of people. We try the foods of different cultures and we celebrate different events, such as Diwali." One person told us they regularly attended the local Church and attended events held at the Church hall.

People were involved in changes to policies and procedures at meetings and were actively encouraged to share their views and to understand the significance of these to promote good quality care and support.

Outstanding ☆

Is the service responsive?

Our findings

The service provided to people was extremely personalised and responsive and focussed on making people's quality of life as positive as possible. All staff were fully engaged in this process. We saw an example as to how this had recently been implemented. The registered manager had recently received a referral from the local authority to place someone at Church View. The registered manager having reviewed the person's assessment met with the person and a family representative.

All staff understood the needs of different people and groups of people and delivered care and support in a way that met these needs and promoted equality. The registered manager had agreed with all parties involved a support package to support the person's gradual introduction and move to Church View. The registered manager had met with staff to discuss how the person's move to Church View could best be supported. This was to ensure and promote a positive experience for the person themselves, whilst recognising the support that people already living at Church View may require. The person had visited Church View, meeting with people already living at the home and enjoying meals with them, before staying overnight and eventually moving into the home. The person's records had highlighted how people living at Church View and staff had helped the person carry their belongings into the home and to their room.

People, family members and staff were keen to tell us about the tremendous work that was undertaken within Church View on a consistent basis. When recalling examples, it was apparent how much the work that had been done, the goals that had been reached and the experiences that had been had, had affected everybody. During our inspection we heard many accounts about the understanding that staff had about people's specific needs and their goals and aspirations.

People told us staff had excellent understanding of their social diversity, values and beliefs, and how these aspects of their care and support were planned proactively in partnership with them, and appropriate health professionals and other outside agencies. People received exceptional person centred care from staff who promoted each person's well-being and independence. Care plans were in place which extensively detailed the support people required to maximise their independence and choice and management of behaviour that may challenge. People's records included a document 'All about me'. The level of detail and the presentation of information meant the person's personality; aspirations and goals were fully described giving the reader a clear sense of the person. This demonstrated a committed and proactive way of making sure people were involved in their care and support planning and that they felt involved and valued.

We heard first-hand how staff responded and reviewed changes to people's needs. We listened to a discussion involving the registered manager and two staff who were their key and key co-worker to a person, to review the progress of a person's welfare whose general well-being had continued to decline. There was an agreed plan of action. This included continued referrals so additional exploratory investigations could take place by both mental and physical health professionals. It resulted in an agreed approach to the person's day to day support and the approach of staff.

Through our discussions with people, family members and staff, it was evidence that people were placed at

the very centre of their care, made to feel valued and actively involved in their care. This philosophy gave something for all to work towards. People were supported to use local public transport, as this increased their ability to be involved in the local community and gain useful life skills. During the inspection we found numerous examples of people being supported to take part in daily living skills to promote their independence and increase their social engagement. This included one to one support for people to become more confident and safe within different social settings, such as attending events, eateries and voluntary placements. People told us about the activities they took part in. "I like bingo and the disco. I do art and crafts in my room." "I go out for day trips, get the bus into town, if there's a movie on I'll watch it." "I do all the activities, like cinema and everything."

One person told us how they went out independently. "Yes I go out alone. I volunteer in two charity shops and I'm doing an NVQ in retail." One person returned from the shops with a number of magazines. They sat with us and spoke of their purchases, which reflected their hobbies and interests. They told us of events they attended that were held around the country, where people with shared hobbies and interests got together.

People living and working at Church View took a key role in the local community and were actively involved in building further links. Those returning from an activity brought with them a leaflet that they had been given, 'Artbeat 16 – 25 June'. This contained a range of art and cultural events to be held locally. Within a minute plans were being made to attend the events. A person spoke to us about their invite to the 'Bishops' Garden Party'. They told us they would be contributing by taking cakes and sandwiches. This showed people's active participation and involvement within the local community.

We found contact with community resources and support networks were encouraged and sustained, to ensure individual needs were met. For example, a person with a hearing impairment was supported by staff from an external organisation to attend a weekly event for people with a hearing impairment, and also a weekly event for people with a learning disability and hearing impairment. This provided the person with the opportunity to social with people who were able to provide specific and empathetic support.

People's care plans recognised areas of specific support required with regards to communication. This included people with a sensory and speech impairment. Care plans provided clear guidance for staff, which included raising the awareness of for staff to consider their body language as a form of communication, as well as where their placed themselves so that they could be seen to aid effective communication. Care plans recognised the need for staff to give sufficient time for people to respond to their questions, so as not to increase people's anxiety and frustration when they communicated.

People were supported to maintain contact with friends and relatives. A person who had recently moved into the home, showed their relative who was visiting for the first time, around their new home. We saw people answering the telephone when their relatives rang to speak with them and records showed staff supported people to visit family members. One person told us how their relative lived in a care home and that each week, supported by a member of staff; they visited and shared a takeaway with them.

People living at Church View and staff were actively encouraged to share their views and raise concerns or complaints. Feedback was valued. The registered manager explained this was an important part of ensuring improvements were made where necessary. We saw a copy of the complaints policy. We saw in operation the open door policy they had referred to within the PIR, people throughout the day went into the office and sat with the registered manager, asking them questions and talking about issues affecting them. The registered manager and all the staff were proactive in listening to people and what they had to say.

Those living at Church View, their relatives and staff were invited to share their views of the service on an

annual basis by the completing of a questionnaire. The summary of the questionnaires were extremely positive and additional comments to the questions had been included. 'Very nice people [staff] who work with my son.' 'The care and support [person's name] has had over the last 12 months to visit doctor's, hospital and other appointments, such as hearing and dentist has been exceptional. We cannot see how you can improve your support.'

Outstanding ☆

Is the service well-led?

Our findings

The registered manager within the PIR had stated. 'We ensure that the service is well led by listening to our service users, responding to changing needs and enabling the people who live at Church View to develop as individuals, respecting their rights to follow individual and diverse lifestyle choices.' Our inspection of Church View found the statement within the PIR to be an accurate and true reflection of the service people received.

We found there were consistently high levels of constructive engagement with staff through on-going supervision and appraisal, these were used as an opportunity to explore and expand staff's knowledge and awareness of key legislation and used to underpin the visions and values of the service. Staff told us they were proud to work at the home and in being part of a team that worked collaboratively to improve people's quality of life. The approach of the registered manager in openness and transparency towards the staff ensured all information concerning people's care and welfare was communicated to ensure positive outcomes for people.

Staff we spoke with understood the vision and values promoted by the registered manager. Staff comments included. "We support people to develop skills, to reduce their level of dependence so they can live as independently as possible. And, "To create an environment, where the ethos is that of a homely approach, listening and supporting through openness and friendly support from staff."

There was a strong organisational commitment and effective action towards ensuring there was equality and inclusion across the workforce. The registered manager, nominated individual and staff demonstrated a commitment to continuously improving the service people received. We spoke with the registered manager who explained the importance for them of recruiting staff who shared their ethos and values which included staff being caring and passionate about their job role. This was further facilitated by the involvement of people using the service in the recruitment of staff.

Diversity and inclusion was celebrated within the workforce, which underpinned the commitment of the registered manager in equality and diversity. Staff employed reflected the diversity of the local community. This had been acknowledged by people using the service, when they told us how they had celebrated and respected people's diversity, which had included sharing cultural diverse meals.

Staff told us their role within the home was valued by the registered manager, which in part was due to staff being allocated specific areas of responsibility, which included ensuring people's medicine risk assessments and medicine plans were updated to reflect the revised documentation, which provided greater detail as to people's support needs. A member of staff told us how the open and inclusive approach of the registered manager meant they had been confident to share their views and ideas with the registered manager on the induction of new staff. They told us how the induction used to be in booklet format and they had suggested face to face would be better. As a result this approach had been introduced.

The open approach by the registered manager ensured staff were kept informed about any changes to

practices to enable staff to work collaboratively. Regular staff meetings took place and the minutes of these showed a range of topics were discussed to ensure the visions and values of the service were continually delivered. For example, the registered manager discussed the internal audit report and its associated action plan. And advised they would be speaking with members of staff to support them in achieving the relevant actions that had been identified.

We found there were consistently high levels of constructive engagement with people. People continued to have the opportunity to influence the service they received through their representative, who organised and produced the minutes of the meetings they attended. Meetings were an opportunity for people to discuss the day to day running of the home, which included their involvement in household chores and activities along with raising their awareness as to key policies and procedures, legislation and issues related to health and safety.

The open and inclusive approach of the registered manager and staff ensured people living at Church View were kept informed, so that their rights were upheld and were aware of their opportunities to influence and comment on the service. For example, people were aware of the role of the CQC. People also spoke to us of the planned visit by representatives of the local authority in the near future, who were visiting as part of the local authorities' quality assurance framework. The awareness of people as to the role of external organisations evidenced the commitment of the registered manager and staff in its transparency towards people to ensure they were informed as to the role of organisation that monitored quality and ensured regulations were being met. As well as providing supporting them by providing encouragement for them to talk to those who worked for these external organisations.

Opportunities were provided to people to better understand there and others health and welfare needs. For example; a person using the service told us they were to attend an autism awareness day with their parent in the next few days, further demonstrating the visions and values of the service to empower people.

The registered manager knew the people living at Church View extremely well. During our inspection we observed people were relaxed and comfortable in the presence of the registered manager. This supported the PIR that stated the open door policy of the registered manager. We often saw people sitting in the office sharing a laugh and joke and talking about topics important to them.

People living at Church View spoke positively of the registered manager when we asked people if they could approach and speak with them. They told us. "Yes I do, if my health action plan or care plan needs updating." A family member told us when we spoke with them on the telephone. "Oh yes, known him for years. Can chat to [registered manager's name] anytime." A member of staff said. "Yes, office is open. A nice man, if not sure about anything just ask."

People received a high standard of care because the registered manager led by example and set high expectations of staff about the standards of care people should receive. The registered manager had extensive background knowledge and qualifications reflective of working with people with a learning disability.

The person centred approach ensured people were at the heart of the service. Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. People were involved in the development and reviewing of their plans of care, setting goals and aspirations for themselves which were kept under review and discussed with their keyworker.

People were supported to become involved in the local community. The service had links with the wider

community, which included leisure and recreational facilities. The aim of this was to provide people with a solid foundation for gaining new life skills and to encourage their on-going learning and development. It was hoped this would enable people to become more independent in the future. The registered manager and staff were committed to promoting a person centred ethos for the people they supported. They wanted to ensure that people could develop social and life skills and to make informed choices that would enhance their lives.

Governance was well-embedded in the running of the service. There was a strong framework of accountability to monitor performance and risk, which ensured the delivery of demonstrable quality improvements to the service. Performance management processes were effective and reflected good practice. The nominated individual was supportive of the registered manager. Their regularly visits to Church View helped the service to strive towards excellence through monitoring. This had been reflected in a written report that included an action plan for planned improvements. We found improvements had been made. For example, changes to health and safety information, which had included the updating of policies and procedures, tailored to reflect the specific circumstances of Church View. The promotion of safety by the attendance of staff on training to support health and safety, these included fire marshal and fire equipment training, the reviewing of night safety, practices and procedures in the event of a fire and the updating of the fire plan.

We found to be an effective system in place to monitor the quality of care and support that people received. The nominated individual conducted regular visits throughout the year to check on the quality of the service. The checks covered areas such as maintenance, infection control, staff training, care plans and observations of staff practices, and, more significantly, they spent time with people living at Church View and talked with them. People living at Church View referred to the nominated individual and the owner of the home by their names and spoke affectionately of them.

The registered manager produced a monthly report that was sent to the nominated individual. This was used as a tool to ensure information was shared. The report reflected on any safeguarding concerns, and information about people's changing needs such as changes to their health. The progress of any DoLS application was reflected upon and any incidents or accidents involving people living at the home. Staffing issues were also reflected upon, which included absence and training.

A range of audits were undertaken by the registered manager and team leaders, who had designated areas of responsibility to ensure the service delivered high quality care. The outcome of audits was a part discussed as part of staff supervision, so that any actions could be undertaken.

The PIR identified that the service had received a recognition award certificate from Leicester City Council for consistent good practice. The registered manager stated they attended local provider forum meetings to ensure that they were informed of local and national initiatives. They told us they read the learning disability journal each month ensuring that anything relevant was passed onto the staff team. The registered manager and staff accessed training organised by local councils and other external agencies to enable them to keep up to date with good practice and provide the appropriate care and support to people.

The PIR identified planned improvements for the next 12 months. These included further development of the PBS framework, enabling people to move forward in their individual development. Their commitment to continually review work practices to ensure new ideas and changes to legislation are implemented and to ensure positive change and development of the service.

The registered manager explained how accidents and incidents were monitored and analysed and learning

from these was used to improve the service. We saw records to confirm this. Legal obligations, including conditions of registration from CQC and those placed on them by external organisation were understood and met, such as social care professionals and health and safety organisations. This demonstrated that the service worked proactively with other key organisations to support care provision and service development. They strived for excellence through consultation and reflective practice.