

Cascade (Charlton House) Limited

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Inspection report

331A Drayton High Road
Norwich
Norfolk
NR6 5AA

Tel: 01603405051

Website: www.cascade-care.com/our-homes

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Cascade (Charlton House) Ltd is a residential care home providing personal and nursing care to younger adults with learning disabilities and mental health needs. At the time of the inspection the home was fully occupied and there were eight people living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, similar to other residential buildings in the area. There were five ensuite rooms within the main house and three self-contained flats to the rear of the property adjacent to the garden. The building had been refurbished to adapt it to the needs of people living there. It was registered for the support of up to eight people. The building design fitted into the residential area and the other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

This was an outstanding service with a clear ethos to promote "independent living and social skills, aiming to instil confidence and enable them to participate in a meaningful life." The ethos was evident throughout the service and there were numerous examples of people who had been supported to develop their confidence which enabled them to become more independent and access meaningful activities.

People's safety, health and wellbeing were at the heart of the service. Leaders were consistent in their approach and staff felt supported and involved in the development of the service. The service worked well with family members to understand and enhance the care that people received. Relatives told us the manager was very responsive and went above and beyond in supporting people.

The service understood people's needs and anxieties and were skilled in supporting people to manage their behaviours. This meant they were able to keep people safe who had not been safe in previous services. Their holistic approach focussed on health and wellbeing and resulted in a reduction in the number of serious incidents involving behaviours that could present a risk to individuals themselves or others. The service successfully reduced people's use of medicines to manage behaviours and anxieties through their holistic approach. Positive risk-taking and realistic goal-setting was promoted, which ensured people achieved very good outcomes, whilst remaining safe.

The service was exceptionally responsive to people's needs. Individualised care plans were regularly reviewed, and people were supported with positive behavioural support plans. The expertise of the staff had enabled people living in the service to reduce their anxieties and manage behaviours which previously had prevented them from staying in services or had impacted on their ability to be independent. People were supported with hobbies and interests as well as to develop work-based skills. Some people had started voluntary work and were working towards paid work.

The service had an innovative approach to end of life care. As a service aimed primarily at young people this was not a big feature of the support provided. However, they had developed a 'Just in Case' workbook to work through with individuals for them to understand how people would want to be cared for if anything did happen resulting in them needing end of life care. This was an innovative and original approach using a tool that had been developed by the provider.

People's needs were understood and assessed holistically before people moved into the service. Staff were well trained to understand and anticipate people's needs. People were supported to maintain a healthy diet through a holistic approach to health and wellbeing which included physical activities. The service was proactive in seeking support from other professionals to maintain people's health and wellbeing and advice from professionals was used to enhance the support people received.

The service was focussed on people's consent, which meant that support was very personalised. 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. Staff understood the Mental Capacity Act and care plans gave clear guidance in this area. The home had recently had a 'consent' week where they had discussed different scenarios with people to help them understand the concept of consent and when it is appropriate to say 'yes' or 'no' in different situations.

Staff knew people well and developed trusting relationships with them. The service was focussed on supporting people to become more independent and we saw staff encouraging people to carry out daily living tasks independently during our inspection. People were also supported to progress towards independence within the community and in education and work.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: The last rating for this service was Good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cascade (Charlton House) Ltd on our website at www.cqc.org.uk.

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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Cascade (Charlton House) Ltd

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

This inspection was carried out by one inspector.

Service and service type

Cascade (Charlton House) Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 announced. We announced the inspection the day before we visited. This was because the service supported a small group of people who often went out and we wanted to ensure we could gain access to the home during the day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including group (provider) managers, the registered manager, the deputy manager, a team leader and care support workers. We also spoke with a professional from another agency who was visiting the home on the day of inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and auditing systems were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We gained 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were involved in managing risks themselves. For example, one person had recently requested that staff check on them regularly when they were alone in their room to make sure they were safe, and this had been recorded in the daily notes and added to the risk assessment.
- Individual risks to people were assessed and people and their relatives were involved in putting plans in place to help manage those risks. For example, one person had been involved in putting a plan together to keep them safe when visiting their family. Other risks that had been assessed included people's risk of harm to themselves or other people, risks relating to going out in the community and travel, and risks relating to medication.
- There was a positive approach to risk taking in order to promote independence. This meant that if there was a known risk, or if an incident happened that placed a person at risk, the service didn't stop the person doing the activity. Instead they discussed with the person, and if relevant their relatives what action they could take to help manage the risk for the future and enable them to continue with the activity. They were also proactive in managing risks and making sure they understood people's anxieties and things that might cause them to put themselves or other people at risk. Using this approach, they were able to manage risks and keep people safe who hadn't been safe in other services.
- The service ensures clarity in risk assessments by including diagrams and images. For example, one person had a ligature risk assessment which included pictures of items in the room that could present a risk such as door handles, and electrical switches where wires could be pulled out. When the person was in their room the staff made regular checks on these items to make sure the person was safe.
- One relative told us how they had adapted a person's flat to make it safe for them to move to by removing and covering the kitchen equipment (such as the cooker). They told us as well as making it physically safe they also removed anything that might have reminded the person the cooker had been there. The relative told us, "So they considered the way [name] was thinking about the room which was reassuring, as well as the room itself being safe."

Learning lessons when things go wrong

- One person had been involved in a serious incident and their relative told us they felt they, "Could not have dealt with [the incident] better." They [staff] had considered "Practical and preventative and common-sense things to do afterwards. They have expertise I can't do justice to." As a result, there hadn't been a repeat of the incident even though similar incidents had been a regular occurrence in the person's past.
- Another person had been involved in an incident when out in the community which had been a danger to their safety. This incident was reported to the local authority safeguarding team. The service had worked with the person and the family alongside other professionals, to put in place measures to prevent the incident reoccurring.

- All incidents were recorded and reviewed by the registered manager. Action taken was recorded to prevent incidents happening again.

Using medicines safely

- Where people took medicines 'when required' (PRN) to help them manage their mental health, guidance on when to take the medicines was linked to a positive behavioural support plan. This was to ensure medicines were only taken as a last resort. We saw an example where a person had requested their medicines but then through using strategies to reduce anxiety and by talking with staff, the person had not needed to take the medicine.
- The service was piloting a new 'Easy Read' support plan for people in partnership with a local pharmacy. This was part of a wider project being rolled out by the pharmacy. The plans described which medicines people were prescribed, what the medicine was for, and any possible side effects. Through having clear information for people on possible side effects this helped staff to support people to manage side effects. For example, if the side effect of medicine could be to cause a person to gain weight, staff linked this to the importance of a healthy diet and exercise. The format was also helpful for those people who were learning to administer their medicines themselves.
- Medicine management was organised, and people received their medicines when they should.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us they felt safe in the service one person told us they, "Feel the most safe here of all the places I have been."
- Staff were trained and had an in depth understanding of how to keep people safe. They considered emotional and mental safety as well as physical safety.
- Staff challenged poor practice. One member of staff has raised concerns with a manager regarding another member of staff.
- There were enough staff to support people, we saw people supported both in groups and on a one to one basis during our inspection.
- There were systems in place to make sure that people employed were suitable to work in the service. People were involved in the recruitment of new staff and met with applicants before formal interviews. If candidates did not pass the 'meet and greet' test with people using the service, they were not invited to interview.
- There was a robust induction process for new staff. One member of staff told us, "It's one of the best inductions I've had, normally they are a couple of days, but this was over 3 or 4 weeks."
- The service had made links with the local college and took students on placement. They were also developing a student pathway for apprenticeships and had just taken on their first apprentice.

Preventing and controlling infection

- Staff had been trained and understood how to prevent and control the spread of infection.
- The home was visibly clean. Cleaning rotas were in place and people were encouraged and supported to take responsibility for keeping the home clean.

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.

At the last inspection this key question was rated as Good. At this inspection this key remained the same. 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

- There was a holistic assessment of people's physical, mental, social and emotional needs. The assessment process involved the manager visiting people in their previous home as well as the person making visits to Charlton House prior to moving in.
- Support was given in line with guidance and best practice models. For example, the service had been a pilot for the local authority in delivering positive behavioural support training to help staff to support people to manage anxieties and behaviours.
- People's preferences and choices were clearly recorded in their support plans and staff understood these preferences. For example, care plans stated where routines were important to people, as well as details of people's hobbies and interests.

Staff support: induction, training, skills and experience

- Staff told us the training was good and helped them to do their job. They were supported by managers through regular supervisions.
- We saw from training records that staff had received training in areas relevant to the service including safeguarding, mental capacity, positive behavioural support, medicines management and specialist areas such as autism. One member of staff said the home had also been involved in autism awareness week which had a good opportunity to learn more.
- Staff were supported to progress with training through diplomas in Health and Social Care.

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

- People told us they thought the food was good. One person told us, "We get to choose it, my favourite is fish pie."
- The ethos within the home focussed around maintaining people's physical health and wellbeing. The ethos took an integrated approach to managing people's health through a lifestyle approach to food and nutrition and exercise.
- People chose their meals at resident meetings and people were supported to cook food from fresh ingredients.
- Some people had own diet and menu choices to meet either needs or preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- As part of the ethos people were supported to exercise and we saw from the activity planner people were supported to go to the gym, or swimming. On the day of inspection, we saw people asking to go out for a

walk and staff supported them in this.

- The service had held a 'Physical health awareness week' where staff did a range of activities with people living in the service to talk to them about how to maintain their physical health through diet, nutrition and exercise.
- People told us, and we saw from records, staff supported them to go to the doctors and dentists.
- The service worked well with other healthcare professionals to improve people's health and wellbeing and we saw advice from professionals was included in people's care plans. One professional told us, "they are proactive in seeking outside support for residents from health professionals and I feel that we have a mutually trusting relationship where we work well for the residents, as part of an extended MDT (multi disciplinary team)."
- There had been recent admissions to the service and we received positive feedback from other professionals about the transition process. They felt the service was responsive and made sure they understood people's needs before they moved in. They told us the person they were supporting, "felt trusted and trusting (of the service)."
- The service had also successfully worked with professionals to enable people to move on from the service into independent living.

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

- The building was adapted to people's needs. One person showed us art work on the walls that they had produced. There were pictures of people who lived in the house doing various activities.
- One person had their windows tinted as it helped them to deal with anxiety. The registered manager had researched the film to use online with the person and then arranged for maintenance to fit it to the window.
- Easy read posters about activities and menus were on the walls to remind people.
- People's rooms were decorated to their own individual taste, the kitchen had a large communal dining table which enabled people to socialise and eat together. The living room had enough sofas and chairs for people to get together in a homely environment.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had been trained and had a good understanding of the MCA. We observed staff gaining consent from people when supporting them and people's consent and preferences was central to the ethos of the home.
- The service had recently had a 'consent' week where they had talked about consent with people. Staff had given them different scenarios around health or activities with flash cards to say 'yes' or 'no' to situations, then encouraged to discuss their answers. We saw pictures of people participating in the activities and using the flash cards.
- Staff understood where people were restricted by a DoLS and understood the conditions in place and made sure these were followed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People told us they felt supported within the home. One person told us, "Its good, I really enjoy it. I've had some difficult days, they really help me out a lot, they chat to me when I feel down."
- One relative told us, "I've spoken to a lot of staff and every single one knows who [name] is, they know what [name] likes, what they have done recently. ...so you aren't just waiting for the good member of staff to turn up."
- People were supported around protected characteristics to access groups within the community for support.
- One professional told us, "when I phone, most of the time whoever answers is able to help – suggesting that communication within the setting is good and staff are aware of multiple individual's care needs/issues."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to give their views about living in the house during resident meetings. There were always agenda items for people to give their views on 'positive points' as well as any concerns or support required. These meetings were also used to decide the weekly menu choices.
- We observed people being asked about activities they wanted to do on the day. One person was asked whether they would like to do an activity in the community with one of their friends who also attended a day centre they went to.
- People and relatives told us they felt involved in the care. One relative told us, "We feel very much involved. It's a joint effort." Several relatives spoke positively about meetings that the registered manager had arranged to discuss support needs with the person and their family. One relative told us, "She [the registered manager] will do everything she can to help the family cope. She really goes out of her way for the people there. It is fantastic care."
- People were supported by advocates so that they had an independent person to support them with decisions. For example, one person wanted to move into Supported Living and the service set up a professionals meeting with the person and ensured an advocate was appointed to support them and help them express their views.
- Themed weeks were held in the service such as the consent week and the physical health awareness week aimed to increase people's independence and understanding of care needs.

Respecting and promoting people's privacy, dignity and independence

- The whole ethos of the home was to promote and develop people's independence within the community and through meaningful activities. For example, some people were supported to learn to use the bus service

as a first step before helping them work towards a goal or education or work-based activities.

- People's independence was promoted in both small and big ways. For example, we saw a member of staff ask a person if they would like a cup of tea and then asked the person to get their cup, tea bag and milk. The staff member boiled the kettle and poured the water.
- The independent flats attached to the property were used to support people to develop daily living skills and move towards independence. A relative told us, "We didn't anticipate they could move from a room in the house to a room in the garden and now they are in their own flat and can access the house as needed and is totally happy with this. We were worried this would have been a level of independence they can't accept."
- Staff understood how to promote people's privacy and dignity. We observed staff knocking on doors before entering people's rooms. Staff also understood the importance of maintaining confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support to individuals was extremely personalised around supporting people with education, meaningful activities and work, access to the community and socialising. The home adapted the ethos according to people's needs and preferences. So, for example there was one person in the home who became anxious if they went out, so the service had arranged for someone to come into the home to support them with their education. However, they said that while this was the case for now they recognised in the future they may be able to support the person to go out into the community.
- People were supported exceptionally well with positive behavioural support plans to help them manage anxieties and behaviours that other people may find challenging. One relative told us a few days before their relative moved to the service they had sent the registered manager a behavioural support plan with their own notes to help staff understand. They said by the time they visited the person on their first day living in the home staff were "Quoting the plan back at me" demonstrating staff clearly understood their relative's needs.
- Staff considered people's individual needs whilst also taking a holistic approach to provide support for their health and wellbeing. People were supported to understand that side effects of the medicine may cause them to put on weight. Through this approach people had been able to significantly reduce their weight and become more active through exercise as well as diet. The group health and wellbeing manager told us as people's physical health improved they had also seen an improvement in mental health resulting in a reduction in the number of incidents associated with people's behaviour and anxieties.
- We observed staff on the day of inspection responding to people's needs. One person was becoming anxious about something that had happened and we saw staff speaking to them calmly and offering them reassurance. The person decided they wanted to go for a walk to help them feel better and staff supported them to do this.
- People had been supported to go on a holiday. People told us they had enjoyed the holiday and we saw photos of people enjoying themselves. One relative told us, "For that holiday to have gone that well that quickly (after they moved to the home) and for us to be consulted, I can't tell you what a relief that was to know [name] can go on holiday rather than refuse, [name] was part of it just the right amount."

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.

- People had individual communication plans. One person's care plan included a list of words and phrases and their meaning that had been put together by their family. Staff were aware of this and used it when supporting the person.
- Information was available in easy read format. The service was currently redesigning care plans into an easy read format to make it easier for people to read them. Resident meeting minutes and information about activities was all displayed in easy read format for people.

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

- People were supported exceptionally well to maintain access to the community and relationships with family and friends. One relative told us their loved one had often refused activities in the community prior to moving to the service, but very quickly the service had supported them in a way that enabled them to access a range of different activities.
- Another person's partner lived in another town. The home supported them to travel independently to see their partner on a regular basis and had worked with the home where their partner lived to make sure there was a support plan in place for them when they visited.
- People were supported particularly well with hobbies and interests. One person told us about visiting the cat sanctuary every week which they enjoyed as they would help with feeding and looking after the cats.
- Support was tailored at a level appropriate to individual's needs. For example, the service had set goals for an individual to get involved in music or film making but as first steps were working with them to access public transport.
- Two people who had come into the service with a high level of anxiety, requiring one to one support at all times, had been supported to attend education and training and had achieved qualifications in Maths and English. They had then gone on to attend work or voluntary placements independently with a view to eventually considering paid work and independent living.
- One person was finding it difficult to maintain a placement and the service had set up a meeting with the placement and the person's family to look at strategies to help them maintain the placement and prevent it breaking down.

End of life care and support

- The service was mainly for younger people and was not offering any end of life care at the time of inspection. However, in response to a need identified for one individual, the service had put together a workbook they used to capture people's wishes and preferences for care at the end of their life. This workbook was called 'Just in Case' and was developed as a tool to explore end of life wishes for all people using the service.
- The book was used with individuals on a one to one basis, with activities to help people identify how different colours or music/sounds made them feel so this could be taken into consideration if a person needed end of life care. The workbook also included a section on life cycles, explaining life cycles from birth to death, looking at the reasons people might die. The registered manager explained that they were sensitive about how they approached this section and had identified that they would not cover this section with some people in the home at this time as it would be too distressing.
- The manager told us they felt it was a positive resource and had helped them have difficult conversations with people and in the event of someone becoming seriously ill meant they had something in place to know how they would like to be cared for.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew who to speak to if they had any concerns. We saw records where people had raised a complaint, and these had been dealt with openly in a timely manner.
- The service also had a 'Concerns and Niggles' book which contained smaller issues that staff and people

raised. This included things like the washing machine leaking or minor issues regarding staffing. The registered manager told us they had put this in place so that issues were captured and could be addressed if people or staff were unhappy before they grew into bigger issues.

- There was also a suggestion box in the main hallway with paper and pens if anyone wanted to make any complaints or suggestions.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service had a positive ethos with people using the service at the heart. The statement of purpose says the service "Will respond to individual needs of the resident, aiming to develop their independent living and social skills, aiming to instil confidence and enable them to participate in a meaningful life." This ethos was evident throughout the home and within the staff team.
- One of the managers told us that staff induction was in two phases, one part to deal with the practical knowledge and skills people need to carry out their role, but equal emphasis was also given to the values and ethos of the organisation. Many staff spoke about these values being important in their work.
- Staff told us they felt very supported in their roles. One member of staff had to deal with a serious incident as a new manager. They told us the incident could have put them off care altogether, but they received support and reassurance after the incident that they had done all they could, so they felt confident to continue in their role.
- The provider employed managers based around their ethos including an education manager, community and social inclusion manager and physical health and wellbeing manager. These managers were responsible for developing tools and promoting the ethos within the service to support people in these areas. For example, the health and wellbeing manager said that changing the culture within the home around healthy eating had been as much about educating the staff as people using the service.
- The 'Just in Case' work book had been put together by the registered manager along with the group manager for education. The registered manager had identified that dealing with death was particularly difficult for one person and had spoken with their family about how best to support them. They then took this to the group manager and they developed the workbook together.
- People had been supported as a direct result of the ethos of the home to progress towards independence. Two people had successfully moved on to independence from the service and other people within the service had made big changes to become much more independent. One person was hoping that eventually they would be able to move on to independent living.

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

- There was a culture of openness when things went wrong. The incident forms encouraged staff to reflect on the lead up to the incident as well as the consequences of it. Staff were encouraged to think about what they could have been done differently for the future.
- Staff and people told us the management were open and approachable. They listened and acted on

concerns.

- There had been some serious incidents within the service. These had all been reported honestly so they could be analysed to improve things for the future.

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

- Everyone was clear about their roles. Managers observed staff carrying out their duties and provided feedback to staff in supervisions. One member of staff told us, "it's the only place I've had so many supervisions."
- There were systems and processes in place to monitor the quality of care. The manager carried out a monthly audit and the group manager carried out a six-monthly audit of the quality of care based on the key lines of enquiry for CQC.
- Incidents were reported appropriately to other authorities including the local authority child and adult safeguarding as well as Statutory notifications to CQC. Statutory Notifications include information about important events the provider is required to send us by law.

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

- The service worked effectively in partnership with families to maintain people's wellbeing and safety. Relatives told us they felt very involved in the care of their loved ones in the service.
- There were numerous examples from family where incidents had happened often placing people at risk and the service responded by meeting with family and appropriate professionals to review care and support. For example, where someone had a work placement that had been in danger of breaking down, the service had arranged to meet with the provider in the community as well as the person's family to help them develop strategies to maintain the work placement.
- People and relatives were very involved in the service and there were regular resident meetings which people attended. One person raised in a meeting that they had difficulty sleeping because of another person shouting. This was promptly addressed, by staff amending care plans and putting additional checks in place for night time staff.
- The service had very strong links in the community. The Group Community and Social Inclusion Manager had compiled a list of local organisations for staff to contact to meet people's needs around hobbies, interests, work and education. This included an organisation they worked with in relation to developing work-based skills, as well as specialist organisations that could provide support around equality and diversity issues, such as LGBT community. They also worked with organisations such as the local library, a local gym, the local 'Men's Shed' and an organisation supporting people with learning disabilities in social activities.
- The service worked in partnership with other organisations to share good practice. For example, the pilot Easy Read medicine care plans with the local pharmacy, they were involved with the local authority pilot on positive behavioural support and had two staff were trained as trainers in restraint techniques through a recognised body.
- There was a strong focus on continual learning. The manager used a tool to analyse incidents which help them identify patterns of behaviours, staff involved, times of day and days of the week to see if they could change anything to prevent the same incident occurring again.