

Insight Specialist Behavioural Service Ltd

Insight SBS ltd 201 London  
Road

## 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

We carried out this inspection on the 02 May 2018, and it was unannounced.

Insight SBS Ltd 201 London Road is a care home providing support for up to three people with learning disabilities in one adapted building. There were three people living at the service at the time of the inspection. Insight SBS Ltd 201 London Road and Aspley House work together as one service but are registered separately. This means that both services are inspected and reported on separately. The services are across the road from each other. The registered manager and staff work at both services and the main office of the two services is at Aspley House.

Insight SBS Ltd 201 London Road 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.

At the last inspection on 24 November 2015, the service was rated Good. At this inspection we found the service was Outstanding.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People, relatives and health and social care professionals were consistently extremely positive about the service. Relatives told us that people had less incidents of behaviour that challenged and had seen improvements in people's health. People told us that they were more independent and happier. One person said, "I am really happy now that I have moved in here, I feel more in control of my life". The registered manager told us that since the last inspection they had embedded new ways of working and people had more choice and control over their lives.

Some people at the service could display behaviours that had a detrimental effect on them and the people around them. Staff responded exceptionally well to people who are at risk of displaying behaviours that may harm themselves or others. There was a positive behaviour support team which ensured that people had the help they needed to identify and manage the causes of these behaviours and reduce their occurrence. People and staff were supported to maintain a positive relationship after an incident of behaviour that challenged.

The provider had adopted a nationally recognised comprehensive training system to support people with behaviours. This system enabled staff to gain the skills needed to support people with behaviour that challenged in an effective way. There was a focus on learning and development and supporting staff to meet their potential. Staffing was tailored to people's individual care and behavioural needs through assessment,

planning and best practice. This also ensured that there were sufficient numbers of staff to meet people's needs and support people to live meaningful lives. Staff training had been consistently updated and staff had the skills and knowledge they needed to support people with learning disabilities. Staff had regular supervision meetings and annual appraisals and told us that they felt happy in their roles and well supported.

People were involved in the recruitment process in a meaningful way and they had an influence on the outcome of staff appointments. People had been supported to teach other people about the recruitment process and then they too became involved in staff recruitment. This contributed to new staff being suitable for people's needs as well as them being recruited safely as pre-employment checks were carried out.

People were supported to enjoy a meaningful lifestyle and restrictions on their freedom were minimised. There was a person centred planning coordinator dedicated to ensuring that there was a personalised approach to assessing and addressing people's needs. People's needs were continually holistically assessed and support plans were frequently updated and monitored to ensure that they remained up to date and accurate. People were continually involved in decisions about their support and support was built around the person and adapted to suit them. People are supported to have maximum choice and control of their lives. Staff planned how they could support people in the least restrictive way possible. There were policies and systems in the service support this practice. Staff assessed and minimised risks to people and risks were managed in the least restrictive way. People were involved in planning how risks were managed through meetings with the provider, the person centred coordinator and positive behaviour support staff. Staff were aware of people's decisions and respected their choices and had the guidance they needed to support people effectively.

Since moving in to the service people had become more independent and have achieved goals that they previously thought were unobtainable. Staff supported people to become more independent with aspects of daily living. People were learning how to shop and cook for themselves, use public transport and go out in to the community. People were supported to increase their engagement in activities of daily living. People had control over their diet and chose what they ate and when. People were encouraged to eat healthily and were provided with the information they needed to help them make their own healthy life choices.

People took part in a variety of activities and were supported to try new things. Staff continually assessed where they could reduce the support people needed to engage in activities to enable them to be more independent.

People were supported by staff to access the health care they needed to maintain and improve their health and well-being. Peoples' health and long-term conditions were well managed and people had seen their health improve. When people accessed other services such the GP they were supported by the service staff and there was continuity of care.

People's privacy was respected and they were supported to lead dignified lives. Staff were kind and treated people with respect. Staff recognised when people were upset or distressed and responded to this. People were provided with emotional support in a way that suited them. Staff knew people well and had developed effective ways to support people to communicate about issues they felt anxious discussing. People were supported to maintain positive relationships with those who were important to them, meet new people and build new relationships. People were well known in the community.

There was a complaints system in place if people or their relatives wished to complain. People were encouraged to express their views through a variety of ways. There were systems in place to gather feedback

from staff, professionals and relatives. Feedback was used to improve the service. Relatives told us that they felt well informed and that communication was positive and proactive. People were supported to discuss their wishes and preferences for the end of their lives.

The environment met people's individual needs and was personalised to reflect the people that lived there. The service was clean and well maintained. Staff were aware of infection control and the appropriate actions had been taken to protect people.

People, staff, relatives and health and social care professionals told us the service was well-led. The provider had a clear vision and values for the service which staff understood, shared and acted in accordance with. The provider visited the service weekly and attended meetings with people every two weeks. Staff and the registered manager understood their roles and responsibilities. The service had good working relationships with health and social care professionals and worked jointly with them to plan people's support.

The registered manager and positive behaviour support team regularly audited the service to identify where improvements were needed. Audits thoroughly covered all aspects of the service provided. Findings from audits were analysed in depth and was used to monitor the effectiveness of the support people received. The service regularly reviewed and challenged their own practice and sought new ways to support people to improve their lives. When things went wrong lessons were learnt, learning was shared and improvements were made. Staff understood their responsibilities to raise concerns and incidents were recorded, thoroughly investigated and acted upon. Lessons learnt were shared and trends were analysed.

There was a registered manager at the service who was supported by a deputy 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.

There continued to be systems in place to keep people safe and to protect people from potential abuse. Staff had undertaken training in safeguarding and understood how to identify and report concerns. Medicines were managed safely and people received their medicines on time and when they needed them. People were supported and encouraged to manage their own medication where appropriate and in a safe way.

People had been supported to consider and record their personal wishes for the end of their life.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to identify and raise safeguarding concerns. The registered manager was aware of their responsibilities and knew how to notify the appropriate agencies.

Risks to people were assessed and mitigating actions were in place to minimise potential harm.

There were sufficient numbers of suitable staff to support people and keep people safe. Recruitment procedures and processes ensured that staff were recruited safely.

Medicines were managed and administered safely.

The service was clean and people were protected by the prevention and control of infection.

When things went wrong lessons were learnt. Incidents and accidents were recorded and audited to reduce risk.

Good ●

### Is the service effective?

The service was effective.

There was a truly holistic personalised approach to assessing, planning and delivering high quality care and support

There was a focus on learning and development and supporting staff to meet their potential. Training was provided which gave staff the skills and confidence they needed to support people effectively.

Staff had one to one supervision and annual appraisals. Staff were supported to develop in their role and learn enhanced skills.

Staff supported people to learn to shop and cook for themselves. People were supported to eat healthily.

People were supported by staff to access the health care they

Good ●

needed. People's health had improved since moving in to the service.

People were supported to enjoy a meaningful lifestyle and restrictions on their freedom were minimised.

### **Is the service caring?**

The service was exceptionally caring.

People were extremely well supported by staff who knew them well and responded to their needs.

People were treated with respect and their privacy and dignity was promoted at all times.

There were high levels of encouragement for people to increase their independence in all areas of their lives.

The service used innovative and personalised ways to enable people to express their feelings.

People and staff received excellent support to maintain positive relationships.

People had effective support to develop and maintain positive relationships with friends, partners, family and people in the community.

**Outstanding** 

### **Is the service responsive?**

The service was exceptionally responsive.

People were at the centre of planning their support. Guidance for staff was very clear and detailed about people's needs and how people wanted to be supported.

People's needs and support was constantly reviewed and plans were changed when required.

People had active and meaningful lives. They were helped to develop and achieve personalised goals.

People views were valued and they were well supported to raise any concerns they might have.

People were supported and encouraged to develop a personalised plan for the end of life.

**Outstanding** 

## Is the service well-led?

The service was exceptionally well-led.

The providers' vision put people at the heart of the service and focussed on improving people's lives and promoting independence.

There was a thorough auditing system which enabled staff to provide effective support.

Managers promoted an open culture which gave staff opportunities to challenge and improve practice in a learning environment.

The providers used nationally recognised best practice to engage and gain feedback from people about their experiences of their care and used this to make changes to how the service was delivered.

Regular feedback was sought from staff, relatives and professionals which was used to drive improvement of the service.

**Outstanding** 

# Insight SBS ltd 201 London Road

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 02 May 2018 and was unannounced. The inspection team consisted of one inspector and one inspection manager.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

During the inspection, we spoke to two people and observed the interaction between people and staff. We observed people being supported with their medicine. We spoke with the registered manager, the team leader, the person centred planning manager, the positive behaviour support co-coordinator and four staff. We looked at three people's support plans and risk assessments. We looked at a range of other records including recruitment records of seven staff employed at the service, policies, medicines management, complaints, staff rota's, health and safety assessments, incidents reports, audits and surveys. We looked at what actions the provider had taken to improve the quality of the service.

We received feedback from two health and social care professionals about the service.

After the inspection we looked at people's person centred planning reviews and positive behaviour support records. We spoke to the registered manager on the telephone and spoke with two relatives of people, to

gain their views of the service provided.

## Is the service safe?

### Our findings

People told us that they felt safe living at the service. One person said, "I feel much safer living here. I get the right support and that makes me feel safe".

Relatives told us that they felt that the service was a safe place for their relation to live. One relative said, "My relative really likes it there, they are more settled and I think it is safe".

One health and social care professional told us, "The service is very pro-active at looking at strategies to minimise risk without compromising the individual's ability to have as much choice in their lives as possible".

There continued to be a robust safeguarding policy and procedure in place. Staff had undertaken safeguarding training and were aware of the signs of abuse such as changes in the persons behaviour or physical marks. Staff told us that they knew how to raise concerns and said that they were very confident that the registered manager would deal with any concerns raised. Staff were also aware of how to raise concerns with the local authority if these were not addressed internally. There had been one safeguarding concern since our last inspection which the registered manager had investigated thoroughly and acted upon appropriately.

People were supported to develop skills to keep themselves safe. People had attended courses to learn about protecting themselves from their own and other people's behaviours. Staff had supported people to learn the skills they needed to be in the community safely. For example, using public transport safely.

Risks to people's individual health and wellbeing continued to be assessed to enable them to remain safe. For example, staff assessed peoples support needs in and around the home, out in the community and to maintain relationships. Where risks were identified, people's support plans described the actions staff needed to take to minimise the risks. When people wanted to undertake a new activity a specific risk assessment was undertaken to support the person to do so. People were involved in discussions about how their risks could be managed where this was appropriate. For example, one person wanted to participate in a new sport they had been involved in discussions about how staff could support them to do so safely. The person views had been respected and staff had looked for ways support them how they wanted to be supported. We found that staff followed people's assessed needs as set out in the risk assessments. When a risk assessment was undertaken staff had considering the level and type of support a person needed to remain safe. Staff had identified the least restrictive way to mitigate a risk. If the planned mitigations restricted people's rights, their consent was sought or a best interest review was undertaken within the guidelines set out in the Mental Capacity Act 2005. Risks assessments were regularly updated to assess the continuing level of support the person needed to remain safe.

The registered manager continued to carry out regular health and safety checks of the environment to make sure it was safe. Regular checks were undertaken of fire systems and the general environment. Where health and safety checks had identified shortfalls, action was taken quickly to address these. Water temperatures

were checked throughout the service to make sure people were not at risk of getting scalded. People had a personal emergency evacuation plan (PEEP). A PEEP sets out the requirements that each person has to ensure that they can be safely evacuated in the event of an emergency. The provider had arranged for regular servicing of the gas and electricity systems to ensure they worked safely and correctly.

There continued to be enough staff to meet people's needs and keep them safe. Staffing levels were based on people's needs and additional staff were made available when people needed extra support. At night there was an additional person available who worked across both this service and the service across the road who could provide more support if it was needed. There was sufficient staff to cover absences, like annual leave or sickness and no agency or bank staff were used. The registered manager told us that this enabled the service to maintain consistency of care. There were no staff vacancies at the time of our inspection.

Robust recruitment processes remained in place to ensure staff were suitable to work with people before they started employment. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. Staff confirmed they had to wait for checks to be completed prior to starting within the service. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings.

Policies and procedures continued to be in place to ensure people received their medicine safely and on time. For example, staff received training on how to give people their medicines and medicine administration records (MARs) were complete and up to date. Medicines continued to be stored safely and at the right temperature in a locked cabinet. We observed staff and saw that they were aware of how people liked to be supported to take their medicine. For example, one person preferred their medicine to be given to them together in one cup. Staff told us that they needed to be particularly careful to ensure that all the medicine was dispensed in to the cup and all the medicine was taken safely.

People were supported and encouraged to manage their own medicine. People told us that this made them feel more in control of their own health. Where people managed their own medicine a support plan and risk assessment were in place and staff ensured that the person was taking their medicine on time. Staff had the information and skills they needed to enable them to administer the medicine if the person no longer wanted to do so or were too unwell. Some people had 'as and when' medicines (PRN). There were protocols in place to guide staff on how to use these safely. For example, when the medicines should be used and how often it could be taken over a period of time.

Staff has supported people to reduce their medicine where appropriate. The service used the principles of STOMP to ensure that people were not taking more medication than needed. STOMP stands for Stopping Over Medication of People with a learning disability, autism or both with psychotropic medicines and is promoted by NHS England. The service had also worked with health professionals to review other non-psychotropic medicine and supported people to reduce these where appropriate. Relatives told us that this had had a positive impact on their relations overall health and wellbeing. One relative said, "They have been brilliant with medicine. My relative is a lot better since their medicine was reduced".

Staff had guidance about how to minimise the risks of infection. We observed staff using personal protective equipment and specialist bags for specific laundry were available. People were supported and encouraged to clean their own home. There were schedules in place for staff to undertake cleaning on a daily, weekly and monthly basis and these were complete. Fridge temperatures were checked and recorded three times a day to ensure that food was stored at a safe temperature.

The service had a culture of continual learning. There was a culture of learning from incidents. Staff were aware of how to report incidents and accidents. Accidents and incidents were reviewed and where needed changes were made to people's support plans. For example, the Positive Behaviour Support team (PBS) monitored incidents of behaviour that could be challenging and analysed trends. There were debriefing sessions for staff following incidents and accidents, and regular multidisciplinary meetings between the provider, staff team, PBS team and person-centred planning team to review incidents and analyse trends.

## Is the service effective?

### Our findings

People told us that their needs and preferences were taken in to account. One person said, "I have control over my life here". The person told us that they were much happier since moving in to the service and felt good about their future.

A relative told us, "My relative is significantly happier since moving to the service". Relatives consistently told us that people were healthier since moving in to the service and that long-term conditions were well managed. A relative said, "They support my relative with their health really well".

One health and social care professional said, "Staff consider the individuals need, choices and wants in everything they do. People are always consulted about day to day decisions and plans are made accordingly".

We saw a truly holistic personalised approach to assessing, planning and delivering high quality care and support. Evidence based techniques were embedded in the service through the use of positive behaviour support (PBS) and person centred planning (PCP) to support the person to improve and maintain wellbeing and achieve their goals. The service analysed people's assessments to identify what support the person needed. Including identifying what support the person needed to develop coping strategies, set their own goals and optimise their physical and mental health. For example, the assessment included a section on self-esteem and there was a plan in place to support the person to develop a positive self-image and a full and meaningful lifestyle. The PBS team made recommendations based on the assessment which were then incorporated in to the persons support plan. For example, the development of positive behaviour support strategies and support to reduce anxiety. The assessment also included the support people needed whilst at home and in the community, communication needs, information on family support networks and people's life history. The service used the assessment to plan staffing levels to meet the person support needs. Where people had long term conditions or specific diagnoses these had been thoroughly researched and detailed information was shared with staff where appropriate.

The assessment approach had an impact on people because it assessed their needs holistically and in detail. A relative told us, "My relative is much happier. I think because they have a detailed process which they follow through with passion, focus and commitment. It's the way they work and they achieve good outcomes". People told us that they were taking more control of their lives, were happier and more independent. For example, some people had reduced the support they needed to access the community safely, other people had started managing their own medicine and the number of incidences of behaviour that challenged had decreased.

When people's behaviour changed, the positive behaviour support (PBS) team worked with people and staff to identify the cause of the change so that peoples support plans could be updated. This analysis was in-depth and staff had used a variety of evidence based techniques to identify the root cause of the change. The PBS team told us, "Sometimes the usual approaches don't work and we need to be flexible and try new ways of thinking". For example, when one person's challenging behaviour increased the team used a holistic

approach including looking at individual staff interactions to identify the reason for the change. The team identified that there were subtle differences in how different staff interacted with the person and used this information to develop further detailed guidance for staff. The team also held focused workshops for staff so that staff could contribute ideas and share knowledge. Records showed that there had been positive outcomes for people with levels challenging behaviour falling again.

One new person had moved in to the service since the last inspection. However, the person moved from another service run by the same provider. The registered manager told us that when people moved to the service they would develop an individualised plan for the assessment process. For example, the positive behaviour support team would assess how the person coped with meeting groups of people and adjusted the introduction process accordingly. People were invited to visit prior to moving in to the service and meet the other people who lived there. When someone new moved in to the service a meeting was held for people so that they could discuss how they felt about the change and staff could address any concerns. People told us that felt involved in welcoming new people to the service.

People were supported by a well-trained staff team who knew them well. One relative told us, "The staff really do know what they are doing". Records showed that staff had continued to receive comprehensive ongoing training relevant to their role. These included safeguarding people, equality and diversity, food hygiene, and fire safety. Staff had also undertaken physical intervention training, positive behaviour support (PBS) training and person centred planning (PCP) training. Staffs knowledge of subjects such as PBS and PCP were continually updated during team meetings, review meetings and interactions with the providers' specialist teams. New staff had completed the care certificate. This is an identified set of standards that social care workers work through based on their competency. Staff had an induction before working independently with people. The induction included shadowing more experienced staff at the service and in the community to get to know people and how they liked to be supported. Staff told us, "The training is really good. It teaches you to be more pro-active and to prevent issues from arising in the first place". Staff were supported through team meetings, supervisions, annual appraisals mentoring and clinical supervisions. One staff said, "The support is massive here, it really helps you develop".

Staff were supported and encouraged to develop new skills and knowledge through the providers internal workshops, for example, on person centred support. Staff also told us that there were supported to access external opportunities to develop enhanced skills. For example, some staff had completed a PBS diploma.

People did not always require assistance with nutrition or hydration. People were supported to develop daily living skills and increase their independence by shopping for food and cooking for themselves and each other. Whilst we were visiting the service we saw one person being encouraged to go to the supermarket. The person seemed proud when they told us that they would be cooking dinner for people that night. Staff supported the person to check their money before they left the service. People's engagement in shopping for food and cooking was monitored and the results were analysed to assess the effectiveness of people's support plans. Where people engagement in this aspect of daily living was decreasing or stayed the same a new plan was developed to support the person to achieve their independence goals. Staff told us that the menu was planned on a six-week basis based on people's choices, preferences and health plans. If people did not want what was on the menu staff would support them to prepare something else. There was flexibility around mealtimes. However, staff were encouraging people to maintain structure in their day and eat at regular times to maintain their health.

Where people were at risk of choking whilst eating staff had made a referral to the speech and language therapy team (SaLT). There was clear guidance for staff on how to support the person to manage this risk. This included information on how the person preferred to be prompted to eat safely. This reduced the risk of

harm.

There was information in place for people to take with them if they were admitted to hospital. Hospital passports include important information that healthcare staff should know, such as how to communicate with the person and what medicines they were taking. Some people were living with long term health conditions, such as epilepsy and diabetes. Each person had a health action plan which gave information about how they should be supported to stay well and what action should be taken if they were unwell. The information in these plans was detailed and specific so that staff knew exactly what to do if the person became unwell.

People had regular access to health care professionals. Relatives told us that people were supported and encouraged to access healthcare when needed and that people's general health had improved since they moved to the service. One relative told us, "My relative did not want to go to appointments. The staff worked very hard to encourage [name] to go to appointments and found ways to make it less of a problem. Now they go and things are much improved".

People had been empowered to make choices and take control of their health. Staff had provided people with information and helped people to develop an understanding of their own health. For example, by helping people to understand the impact of their routine and diet on their health. Staff had sought ways to encourage people to make positive decisions about their health. People had been supported to access the tools they needed to make these healthy choices. For example, staff were supporting one person to use technology to take control of their night time routine to ensure that they had enough sleep. One person wanted to undergo an elective medical procedure. Staff identified that this decision was important to the person as part of taking control of their own health and body. They supported the person to ensure that they understood the risks involved and the procedure they would need to undergo. Staff supported the person to communicate the decision to medical professionals and to navigate through the process to achieve their goal. The procedure went ahead and the person told staff that they felt much happier after it had been carried out.

Where people had long term conditions there was evidence that their health had improved since moving to the service. One person's long-term condition was now more stable and they needed routine medical appointments less frequently as a result. Another person's relative told us that the person's long term condition was very well managed at service and as a result the person's health and mobility had significantly improved. Where people needed regular monitoring of an aspect of their health this was undertaken on a regular basis and the results were audited by the PBS team who looked for trends and adjusted people's support plans accordingly.

The design of the service was adapted to meet the needs of the people living there. People had chosen the decoration and design and decoration for their own room. People had access to a private garden area which was level access.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS were in place for people who required them and the registered manager understood their responsibilities.

The service undertook capacity assessments for people to assess what support they needed to make complex and less complex decisions. When people were unable to decide for themselves their preferences, history and other choices were taken in to account when making a decision. People were also asked if they wanted to nominate someone to represent them when decisions needed to be made. Where there were practices in place to that restricted people's freedom these were reviewed every two weeks and audited monthly by the PBS team. The PBS team reviewed trends and consistently looked for less restrictive ways to support people and pathways to reduce individual restrictions. Audits indicated that restrictive practice had reduced as a result of the positive behaviour support techniques used to support the person. Staff and relatives confirmed this. People were asked for their consent before the information gathered and analysed by the PBS team was shared with other staff. Where people were unable to consent a best interest meeting was held. Personal information about people was shared with staff on a need to know basis. Where people were not restricted they had their own door key and key codes to ensure that they could come and go as they pleased.

## Is the service caring?

### Our findings

People told us that they were happy living at the service. One person said, "I love living here, it's like a dream come true".

Relatives told us that people were encouraged to be independent and treated with respect. One relative said, "You notice it from how they talk about people. In what you hear staff say and what you don't hear them say. They respect people's privacy". Another relative told us, "They think about how they support my relative so that they feel much more independent".

One health and social care professional said, "People are respected and are given the time to make their wants known and achieve their goals". Another Health and Social Care professional told us, "When people are going through a difficult period staff work proactively with the person".

The registered manager and staff told us when people moved in to the service they supported them to understand the services approach. The registered manager said, "When people move in they expect to be treated in a certain way because it has been like that in the past, we explain to them that it's different here and what we are here to support them and listen to them and help them achieve their potential".

Some people had behaviours that challenged and received proactive support to reduce incidents. The service worked with people to support them to express their views in a positive way. For example, through mentorship, regular person centred meetings and confidential time to talk. This meant that people felt listened to and reduced the incidents of behaviour that challenged. The service consistently looked for ways to identify the cause of behaviour that challenged and provide the support the person needed. The positive behaviour support (PBS) team monitored incidents of behaviour that challenged and records confirmed that there had been a decrease in incidents. Relatives told us that people were happier and there had been significantly less incidents of behaviour that challenged since people had moved in to the service. One relative told us, "My relative has completely changed since they moved there, they are so much calmer and happier and are able to do things for themselves".

People at the service were provided with exceptional support and help they needed to express their views. Staff had identified that some people were uncomfortable expressing their feelings or discussing their support. Staff had worked with people to understand how they preferred to communicate. For example, some people had a system of personal metaphors which related to topics that they were comfortable discussing. When the person wanted to express themselves, or discuss their support they would use these metaphors to communicate with staff. We observed one person using metaphors which staff understood and responded to appropriately. This meant that people were able to express their feelings in a way they were comfortable with and access the support they needed. This also protected people's privacy when they wanted to alert staff to feelings of distress in public or in front of other people.

Some people had a personal support team when they wanted to discuss their support or feelings. People's personal support team was made up of the staff that the person had identified that they felt the most

comfortable speaking to. People told us about these teams and that they felt very well supported. One person told us, "When I need them they are there and it is good for me, it really helps".

The provider was aware that supporting people who have incidents of behaviour that challenged could have an impact on the relationship between people and staff. Staff recognised that these incidents could cause people to feel distressed and supported them to manage these feelings. There were de-briefing sessions for staff where they were encouraged to learn from incidents by engaging in reflective practice and discuss their thoughts and feelings. Records of meetings demonstrated this. This helped to ensure that the positive relationship between people and staff was maintained and that people felt secure in their placement at the service.

The PBS team had developed new training around post incident support after reviewing new NHS guidance on how to support staff who had experienced trauma. The team had identified that there were contradictions between the NHS guidance and NICE guidance so had worked to devise a way to combine the approaches to give staff the best support possible. This training had been delivered to senior managers and there were plans in place to deliver this to staff. The registered manager told us, "We know that incidents can effect staff and staff all deal with this differently. We want to encourage staff to learn from incidents and, importantly, ensure that staff have all the support they need".

Staff had built strong relationships with people and people seemed relaxed in their company. We saw that people came in to the kitchen to choose their own breakfast. People sat with staff and chatted to them and people seemed happy to engage in conversation. We observed that staff knew people well and were aware when people needed support. One person started to display early indicators that they were feeling anxious and staff quickly went to talk to them to find out the cause of their concern. Staff spoke to the person in a calm and friendly manner which the person respond to and was reassured. We observed that there was a sense of equality between people and staff. We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. This was reflected in the way staff spoke and wrote about people and the way people interacted with staff.

When people met their goals, they were praised for their achievement and were invited to celebrate their success. Staff thought about how they celebrated people's success to ensure that it was individual to the person. The registered manager told us, "We celebrate in a way that works for the individual. For example, we might go to the pub for a drink if that's how the person likes to celebrate things".

People were supported to build positive relationships. People could have regular visitors when they wished. When people were interested in having a relationship with a partner they were supported to do so. Staff helped people access places where they could meet potential partners, such as local clubs or events. When people met someone, and were interested in developing a relationship they had been supported to go on dates. People had built up relationships with people in their local community. One relative told us, "My relative now enjoys interacting and meeting people. They have got to know some people and interacts with them sharing jokes". The relative told us that this was a big change for the person. Relatives told us that people were supported to keep in contact with old friends and that staff arranged visits to see friends when people wanted to. One relative told us, "They have been very positive with supporting my relative to make and maintain friendships".

Records demonstrated that staff had discussed with people how they wanted to develop their relationships with members of their family. Some people needed support to manage family relationships and staff had worked with people's families to achieve this. For example, strategies had been agreed and put in place to reduce one person's feelings of anxiety around contact with their family. When people needed support to

spend time with family members the service planned how they could do this in the least restrictive way. For example, one person wanted to undertake an activity alone with a family member. The service planned how they could support the person to achieve this goal in the least intrusive way so that the person could be alone with their relative but still have the support they needed to stay safe.

When people moved in to the service they had been invited to work with staff to plan a workshop for staff about themselves. People were involved in delivering this workshop and had given presentations to staff about themselves, their needs, goals and preferences. People were invited to attend the whole workshop and which was delivered over two half days or choose which parts they wanted to attend. Where people chosen not to be involved in certain discussions this had been made clear to staff prior to the workshop. This meant that people were involved in planning their own support from when they first moved in to the service in a way that they were comfortable with.

There was a clear culture within the service of supporting and promoting independence. Peoples goals for becoming more independent were agreed individually. People told us that they were involved in setting their own goals. People were working towards increasing their independence by increasing their daily living skills and reducing their overall support needs. This included encouraging people to undertake their own shopping, cleaning, laundry, cooking, use public transport and manage their own money. When people were reluctant to take part in some life skills tasks staff had tried a different approach to see if it was more effective at encouraging them to participate. For example, staff had identified that one person benefited from more structured learning and had arranged for them to attend a life skills course. Where people found attending external courses difficult staff arranged for the course to be delivered in house on a one to one basis. One person had been supported to achieve their goal of accessing the local shop independently. The service had worked with the staff in the shop to ensure that people were able to manage transactions safely. Staff told us that it was a significant achievement and spoke positively about the persons success. People told us that they had become more independent since moving in to the service. One person said, "There isn't anything they won't support me to try and achieve. I am more independent now than I was before". The PBS team audited people's engagement in daily living activity to analyse trends and the effectiveness of staff's support. We saw an increase in people's engagement in these activities. Where staff identified that progress had stalled or declined the person support plan was reviewed and changes to people support where put in place.

People told us that they were actively involved in the recruitment of new staff and had an influence on the outcome of staff appointments through participating in the interview process. This helped to ensure that people had a say in who supported them. Candidates were invited to a client interview where people could ask questions and then feedback their views on the proposed new staff. Where people had expressed an interest in actively participating in whole interview process they had been supported to do so. People had been supported to share their learning with other people across the providers services. This had resulted in other people choosing to become involved in staff interviews.

Staff respected people's privacy and dignity. People led the interactions they had with staff and people decided what they wanted to do and when and staff followed their lead. Staff respected peoples personal space. For example, when people who had one to one support were in their room staff asked if they would prefer them to sit with them or wait outside of the room. One relative told us, "My relative has their own space which staff respect". When people wanted to listen to music on their headphones staff gave them the space to enjoy their chosen activity. Another person wanted to have a shower and staff waited outside ready to provide support when they were needed. Where appropriate people had keys to their bedroom doors and were able to lock these when they went out.

## Is the service responsive?

### Our findings

The service supported people with all aspects of their life and found innovative ways for them to express their wishes and achieve goals. People told us that they were involved in their care and that their choices were respected. One person said, "If I want to do something they find a way to support me that works. I feel free here and I am more independent than before". Another person told us, "I like it here. I like getting to do things".

One relative told us, "I'd say that they are brilliant, the support is brilliant and we are very lucky to have such a good service".

Health and social care professionals were positive about the service. One health and social care professional said, "I find the service very proactive, they are aware of their service users' needs and support them with a forward-thinking approach".

Support plans were truly person centred and there was a strong focus on supporting people to be independent and achieve their ambitions. People had an individual care pathway in place. A care pathway is an overall life plan that supports the person to identify and achieve their short and long-term life goals. People were supported to work towards multiple goals that they had identified as important including undertaking everyday tasks, taking more control of their finances, using technology more independently, and undertaking new activities with less support. People were also working towards more long-term goals such as living in more independent settings and without deprivation of liberty safeguards. Long term goals were broken down in to small steps so the people could see how they were moving towards these goals. The registered manager told us, "We've learnt that nothing is impossible, it's just about finding the right support to help the person to achieve it". Peoples goals were considered important by staff. One staff said, "It's important that we support people to achieve their potential and their ambitions and seeing people do so gives you so much more back in return".

The PCP coordinator agreed individual action plans with people which detailed the support the person needed to achieve their goals and ambitions. Action plans were also broken down into the specific detailed steps that staff needed to undertake on a day to day basis to support the person.

People had monthly meeting with the PCP co-ordinator and their mentor at a place and time of their choosing. This was confirmed by records of meetings. Meetings were used to review progress towards achieving goals, review people's support, discuss what had changed in the past month and to identify any new goals people had. The information from person centred planning meetings was used to update the person's support plan.

People were supported to host their own bi-annual multi-disciplinary team (MDT) meeting with staff and the people who were important to them. People could choose who they wanted to invite to these meetings and where they would like the meeting to be held. Meetings included the registered manager, health and social care professionals, the PCP coordinator and positive behaviour support team and the provider. The MDT

reviewed people's progress towards achieving the goals in their care pathway and began the process of setting new goals and developing new pathways.

Staff had used a variety of approaches to support people to identify their goals and ambitions and what support they wanted to achieve these. When people did not want to participate in direct discussions about their care the Person centred planning (PCP) coordinator worked alongside staff to other find ways to involve people. This included staff talking to people outside of formal meetings, asking people to nominate a representative to speak on their behalf and reviewing data gathered about people's previous choices and level of participation in activities to understand what people's preferences were. The registered manager told us, "When people don't want to be involved in these meetings it is part of our practice that we must identify people who are committed to the person to participate". People told us that they that their views were valued by the service and that they worked with staff to shape their own support. One person said, "I am part of the team, we all work together as a team and I am fully involved".

As part of developing or updating a care pathway people and staff were asked to complete a questionnaire detailing what support staff gave the person. This enabled the PCP coordinator to identify any areas where the support given in practice differed from the support planned. The PCP coordinator could then assess if staff needed more guidance or where plans needed amending.

Staff told us that they were guided by people's choices and aspirations when it came to arranging activities. People told us that they could choose how they spent their time and how they were supported to do so. People had regular activities they wanted to attend such as college and regular social commitments. This was reflected in people's support plans. Some people preferred to plan some of their activity on the day. People told us that they liked having this flexibility in their schedules. One person said, "I can choose to go out when I want to, like tonight I might go to play sports with my mates but I might not if I don't feel like it". Staff told us that the aim was to support and enable people to live as ordinary a life as any citizen. One staff said, "Other people don't plan every moment of everyday and the people who live here don't always want to either". Where people had expressed that they wanted a timed daily structure staff had supported them to do so. For example, by setting up an alarm system to remind them that it was time to get ready to go out. Staff told us that this had helped some people to feel less anxious.

The range of activities people took part in was wide and diverse and included participating in sports, going to concerts, nightclubs and events, attending college courses, overnight trips and for meals out with family, staff and other people. When people identified that they wanted to attend a new activity staff supported them to do so. People were encouraged to try new activities. One person had identified that they would like to get a job. Staff had supported them to create a CV and were helping them to find a job that they would enjoy. Another person expressed an interest in working with cars. Staff had supported them to learn how to maintain a car. The person regularly checked the cars oil and water levels and enjoyed having this responsibility. Another person wanted to attend a particular event with their mentor and the provider had amended the rota to enable this.

People at the service had a mentor and spent regular time with them. The registered manager told us that a mentor's role was to build a person's confidence and trust, help them learn new skills and promote their independence. Mentors also built relationships with people's families if the person wanted this. People had expressed that it was important to them that the mentor only worked with one person. The service had adjusted its practice to ensure that the mentor only worked with their mentee and did not support anyone else at the service. Mentors had undertaken additional training in positive behaviour support (PBS) and monitored the person's activities, interactions and progressions towards their goals. When we visited the service one person's mentor was getting ready to go out with a person and spend the day engaging in an

activity that the person had chosen to do. The mentor told us that they regularly spent days with the person and had built a strong relationship with them. Some people had chosen their mentor, when people could not express who they would like staff chose who they thought the person would get along with best, based on their interactions with staff.

The provider had a complaints policy and procedure in place. No complaints had been received by the service since the last inspection. There was time at people's person centred planning meetings for people to talk in confidence. Information shared during this private time was not shared with other staff and was kept confidential. This allowed people to feel safe to raise any concerns about their support or the people supporting them. If concerns were raised these were investigated by the PCP coordinator. If any actions were needed these were done in a manner that didn't lead to the person being identified. One relative told us, "We've no complaints. I have made suggestions and these are always listened to. We don't have to wait until a review they listen to us anytime".

The service was not currently supporting anyone at the end of their life. However, staff had worked with people and the people closest to them to develop an end of life plan. This was in an accessible format and supported people to think about how they would like to be supported at the end of their life. The plan also included what people wanted to happen to them and their possessions after their death. The document was detailed so that people had the opportunity to create a personalised plan for their end of life. For example, people were asked where they wanted to be cared for at the end of their life, what was important to them in the last moments of their life, and if they wished to donate their organs after death.

## Is the service well-led?

### Our findings

Relatives told us that the service was well-led. One relative said, "The quality of care and dedication is exactly what you would want to see". Another relative said, "They involve me and listen to me and take me seriously."

Staff told us that they enjoyed working at the service and felt very supported in the role. One member of staff said, "I love working here. This is the best job I have ever had".

Health and social care professionals told us that the service was well-led. One said, "Staff consider the individuals need, choices and wants in everything they do. My experience has always been productive and service users have expressed they are happy living there and with the support provided".

The provider had a clear vision for the service which was understood and shared by everyone who worked at the service. The vision was to provide a service that was person led, to treat people with dignity and respect and to support people to achieve their potential. There was an experienced and passionate registered manager at the service who was supported by a deputy manager. The registered manager had worked for the provider for a long time and was fully committed to the provider's vision. The provider had taken proactive steps to ensure that they had the resources to deliver the vision. This included putting additional resources in place. These resources included, a person centred planning (PCP) coordinator and a positive behaviour support (PBS) team. The registered manager was a trainer for the crisis and intervention system used by the provider and had shared this knowledge with the provider's other services. The PBS team also included a psychologist who was able to provide people with counselling support. The registered manager told us that people had used this support and had found it beneficial. This ensured that there was an effective supportive environment for people.

There continued to be an exceptionally positive culture and atmosphere between the registered manager, staff and people. People told us they liked the registered manager and the deputy manager and that they were approachable and were often at the service. One person who lived at the service told us that the registered manager was, "Someone you can really rely on to be there when they are needed". Staff and relatives were very positive about the management team and told us they were approachable and knowledgeable. One relative told us, "We see a lot of the registered manager. They are really hands on and open".

The service continually challenged their own practice by reviewing and identifying areas for improvement. Effective systems and processes had been developed and were established and embedded. These were consistently reviewed and challenged to ensure they continued to be effective. One relative told us, "They constantly challenge and review processes and it has made a real difference as things keep moving forward". Staff told us that they were able to work in a creative way within the boundaries of safety to develop new tools and techniques to improve people's support and lives. One staff told us, "I am given the time to research new ways of working and to innovate and learn and share that learning with the staff team".

The leadership promoted a culture of continual learning and development. Staff told us they worked as a team and were encouraged to support each other. Staff told us they were constantly learning from each other and the people they supported. One staff said. "We all work as a team rather than individuals. We all give each other advice and share our knowledge".

The PCP co-ordinator, deputy manager and registered manager often worked alongside staff mentoring and role modelling for them. The PBS team had developed tools to support the registered manager to regularly evaluate staff performance. This included comparing the support provided to the support planned and evaluating staffs understanding of changes to support plans. This was to ensure that staff were engaging with people in a meaningful way, following support plans and offering consistent support.

When a change was made to a person's positive behaviour support plan the role modelling was focused to ensure staff understood what was expected of them and felt confident in following the plan. For example, the PBS team identified that there needed to be a change to how staff responded to one person's questions to help reduce incidents of behaviour that challenged. The team monitored how staff responded and provided staff with individual feedback on what was worked well and what changes were needed. Staff told us that they felt confident in their role and well supported. The registered manager spoke about staff with respect. The registered manager told us, "It is important that we support staff to achieve their potential too and that staff feel that they can ask for support without being judged. When we review staff performance we are looking at how we can help them succeed and not looking at how we can blame them for areas that need more work".

The provider had set up a system of support for staff as they understood that supporting people through challenging behaviour incidents could have an impact on staff and their relationships with people. The provider sought ways to provide staff with personalised support to minimise any impact on staff and relationships. For example, by offering staff individual support and time to reflect. This helped to ensure that staff and people maintained a positive effective relationship.

Checks and audits continued to be completed. The registered manager and deputy manager audited aspects of care such as medicines, health and safety, infection control, fire safety and equipment. Learning was shared with staff at staff supervisions or team meetings. The positive behaviour support (PBS) team carried out audits of people's engagement in meaningful activities, self-care and involvement in household tasks. There were audits of people's care pathways to review people's involvement in planning their own support and progress towards achieving goals and ambitions. The PBS team used this information to identify where support plans needed to be adjusted and people and staff needed more support. The PBS team audited incidents of behaviour that challenged and the support provided including physical interventions. This information was used to adjust people's support plans and with the objective of decreasing restrictive practice and physical intervention. Records demonstrated that restrictive practice and physical intervention had decreased.

The registered manager said that they felt supported and that the provider had an open-door policy. The registered manager had regular supervision sessions with the provider. The provider was involved in regular meetings at the service. The provider attended clinical review meetings every two weeks to discuss people's needs and support. At these meetings staff, the registered manager and the provider reviewed incidents and discussed solutions. The meetings were an opportunity to share knowledge and ideas and develop new solutions to improve people's support. The provider also attended people's monthly review meetings and bi-annual review meetings. This meant that people had the opportunity to meet with the provider to discuss their views and the provider was aware of people's needs and progress.

The registered manager regularly attended senior management meetings along with the provider, staff from

human resources, the PCP team and the providers other registered managers to review and plan organisational development and share best practice and learning.

The provider regularly sought detailed feedback from relatives, staff and other professionals. Feedback included asking for information on whether people were well supported to be as independent as possible, set and achieve goals, express their rights and develop links in the community. Feedback was analysed and summarised and any learning was shared. Feedback was also sought on an ongoing basis. One relative told us, "We see a lot of the registered manager. The registered manager is always asking us if we have anything we want to feedback. We are kept very well informed and they listen to what we have to say".

People were regularly asked to feedback on their care in a variety of ways. People were supported to complete an annual feedback review to express their views on their support. People were also invited to forums where they were encouraged to express their views on their support. Where people did not want to attend the forums, staff asked people how they could improve the experience and encourage them to attend. For example, one person suggested that the forum included a take-away meal and staff arranged this. People had access to confidential ways of feeding back through meetings with the PCP coordinator. People could also choose to nominate a person to represent them and provide feedback on their behalf.

Professionals told us the service was transparent, open and shared information well. A health and social care professional said, " I am informed about any incidents that occur. The service keeps me up to date with progress and the challenges they have experienced". Another said," If there are any problems the service will contact myself for advice and support or to discuss alternatives which may be more acceptable to the person".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider displayed their rating at the service.