The Regard Partnership Limited

# 1A Restormel Terrace

## Inspection report

1A Restormel Terrace
Restormel Road
Plymouth
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Tel: 01752267489

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20 January 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The inspection was unannounced and took place on the 19 and 20 January 2016. The inspection was undertaken by one adult social care inspector.

1A Restormel Terrace provides care and accommodation for up to six people. On the day of the inspection six people were living at the service. 1A Restormel provides care for adults with a learning disability and conditions such as Autism, Aspergers and other needs associated with their mental health.

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

During the inspection people and staff were relaxed and happy. Staff had time to sit and talk to people and conversations we heard demonstrated staff knew people well and understood their needs and different personalities.

People, relatives and other agencies spoke highly of the service and the support people received. Comments included, "Staff are very passionate about the people they support", "I think very highly of the staff team, they are really knowledgeable about people and are doing a really good job". People confirmed staff were kind to them and they were happy living at 1A Restormel Terrace.

There was an open, transparent culture and good communication within the staff team. The registered manager was clear about the values of the service and these values were shared and understood by the staff team. Staff spoke in a compassionate and caring way about the people they supported. People were supported to fulfil their goals, wishes and aspirations and their achievements were recognised and celebrated. The registered manager said, " We are a moving on service, we are constantly supporting people to develop their skills and be independent"

There were sufficient numbers of staff to meet people's needs and to keep them safe. The provider had effective recruitment and selection procedures in place and people who lived in the home were involved in this process. People told us they felt safe, and were also supported to consider ways of keeping safe when they went out of the home.

People had their medicines managed safely. People were supported to maintain good health through regular visits with healthcare professionals, such as GPs, dentists and the specialists involved in their specific healthcare needs.

People were supported to take everyday risks and to make choices about their care and lifestyle. People's

risks were known, monitored and managed well. Management and staff understood their role with regards to ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. All staff had undertaken training on safeguarding adults from abuse and displayed a good knowledge on how to report any concerns.

Staff undertook a comprehensive induction programme specific to the service and supporting people within the care setting. Staff had opportunity for a wide range of training and the training programme was relevant to the specific needs of people they supported.

Staff said they felt well supported by the management team and their colleagues. Comments included, "The manager tells us never to be afraid to ask, we are able to suggest things, think outside the box, it makes us feel valued as part of a team".

Support plans were focused on giving people control and encouraging people to maintain as much independence as possible. People were involved in planning their care and their particular preferences were sought and documented. People's age, life histories, disabilities and abilities were taken into account in the planning and delivery of care.

People were encouraged to lead active lives and were supported to participate in community life where possible. People were empowered to access support from a range of services and staff worked alongside these organisations to support people when required.

The registered manager took an active role within the home and led by example. There were clear lines of accountability and staff were clear about their roles and responsibilities. The provider had robust systems in place to assess and audit the quality of the service. Learning from incidents, feedback, concerns and complaints were used to help drive continuous improvement across the service.

## 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.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were supported to understand what keeping safe means and to raise any concerns they may have about their well-being or safety.

There were sufficient numbers of staff to meet people's needs and to keep them safe.

People received their medicines safely. Medicines were stored and disposed of safely and clear and accurate records were kept of all medicines held and administered in the service.

People were protected by safe and robust recruitment practices.

### Is the service effective?

Good

The service was effective.

People were supported by highly motivated and well trained staff. New staff undertook a thorough induction and all staff received regular and effective supervision and support.

People's human and legal rights were promoted and protected. Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff and management displayed an understanding of the requirements of the act, which had been followed in practice.

People were supported to have their health needs met and to maintain a healthy and well-balanced diet.

### Is the service caring?

Good

The service was caring.

People were supported by staff that promoted their independence, respected their dignity and maintained their

privacy.

Positive caring relationships had been formed between people and staff.

People had access to advocacy services and were encouraged to make choices about their care and lifestyle.

## Is the service responsive?

Good

The service was responsive.

People received personalised care and support, which was responsive to their changing needs.

People were supported to lead a full and active lifestyle.

People's opinions mattered. Complaints and concerns were listened to, taken seriously and addressed appropriately.

## Is the service well-led?

Good

The service was well-led.

There was an open, friendly culture. The management team were well organised and provided the staff team with clear roles and responsibilities.

Staff were motivated to develop and provide quality care for people.

People were included in decisions about the home and were empowered to access support within and outside the service.

Quality assurance systems drove improvement and raised standards of care.

# 1A Restormel Terrace

**Detailed findings**

## Background to this inspection

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

The inspection was unannounced and took place on the 19 and 20 January 2016. The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spoke with four people who lived at the service. We spoke with the registered manager, locality manager for the company and six members of the care team. We observed the care people received and pathway tracked three people who lived at the service. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and support. We also looked around the premises and observed how staff interacted with people throughout the day.

We looked at the main care files of three people who lived at the service as well as a sample of other records relating to people's care including health documentation and medicine records. We reviewed three staff files, discussed staff recruitment and spoke to two members of staff who had recently started working in the service. We reviewed a range of records relating to the management of the service including quality assurance audits and minutes of staff and residents meetings.

Following the inspection we spoke to two relatives and a number of professionals from other agency who had involvement with the service. This included Equality and Diversity Officer from Plymouth Police Constabulary, a Forensic Psychologist and an advocate.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at 1A Restormel Terrace, "Yes, I feel safe, they help me with my meds, we do it together", and "The staff talk to me, ask me how I am, I feel safe talking to staff". Relatives said, "They let people do things young people do, but make sure they are safe". Professionals we spoke to were very positive about the service and comments included, "They work positively with people to reduce risks", and "The staff have worked with us to help reduce the risks of people offending and keeping people safe in the community".

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed staff completed safeguarding training regularly and staff accurately talked us through the appropriate action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Policies relating to the local safeguarding process and a quick reference flow chart were available for staff. All staff understood their role and responsibility to protect vulnerable adults and confirmed they had completed relevant training.

People's finances were kept safely. People looked after their own money and had facilities to ensure it was kept safe. Some people required some support with budgeting and these arrangements had been agreed and documented as part of their individual support arrangements. Each person had an inventory of their personal belongings, which helped ensure people's possessions were kept safe.

People's needs were considered in the event of an emergency such as a fire. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of a fire. There was a fire risk assessment and clear protocols in place and staff and people knew what to do in the event of a fire. Regular health and safety checks had been undertaken, electrical equipment was tested for safety and monthly fire evacuation drills took place. Protective equipment and spillage kits were available and staff undertook training in health and safety and infection control. A missing person's policy was in place with a profile of each person, which would be used in the event of them going missing.

Staff recognised people's rights to make choices and take everyday risks. The service had a positive risk culture, which enabled people to develop their life skills and enhanced their independence. Staff told us, "Sometimes we may like to protect people and say they can't do something, but they are young and they have to be supported to take risks like all young people". Assessments had been carried out to identify any risks to the person and to staff supporting them. This included environmental risks as well as risks associated with their support needs and lifestyle choices. Assessments included information about any action needed to reduce the risk of any harm to the individual or others, whilst also promoting and recognising the person's rights and independence. For example, one person had a plan in place for going out without staff support. This plan was part of their goal to increase their skills and independence. The staff had provided them with information about local services such as the police. Staff also ensured the person's mobile was working when they went out and spoke to them about unsafe places in the local community.

Another person had known risks in relation to alcohol consumption. Records confirmed they had been provided with information about risks associated with alcohol and staff said they regularly spoke to them about sensible drinking habits.

Risk evaluation forms were completed following any incidents to help establish any patterns or lessons learned. For example, we a saw an evaluation had been completed for one person following a number of similar incidents of escalated behaviour. As a result of this analysis the service had been able to make a link between the part of the home the person had been in and the activity they were doing when the incidents occurred. A referral had been made to Psychology for advice and support.

People were supported to understand what keeping safe meant. The staff worked closely with the local police who visited the home regularly to speak to people about risks in the community and keeping safe. People were provided with information about local facilities such as the police, sexual health and drug and alcohol support services. People were empowered to recognise when they could be unsafe and to take appropriate action. Staff told us about a number of occasions when people living in the home had contacted the police or other agencies such as Social Services and the Care Quality Commission. Staff said, "It is important that people have these contacts and know how to use them appropriately if they feel they need help or are unsafe".

There were sufficient numbers of staff available to keep people safe. Staff were visible throughout the inspection. Staffing levels had been organised for each person dependent on their assessed need. Support plans clearly described how these staffing levels were organised and the support required by each person concerned. A colour coded staff rota was available so people were able to see when and who would be supported them. Staffing arrangements were flexible to meet people's specific needs and requests and to attend to any sudden changes in people's plans. For example additional staff cover was organised one evening each week to support people to attend a disco and local sporting activity. One person had requested support to attend an evening social event organised at their work placement. The registered manager said despite this being short notice they were able to organise staffing to ensure this person could go out as requested. The registered manager said agency staff were not used by the service as people needed to be supported by a consistent staff team who knew them well.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff started working in the service. Staff confirmed these checks had been applied for and obtained prior to commencing their employment in the home. People who lived at 1A Restormel Terrace met prospective staff before they started work in the home and were also involved in the interview process. The recruitment process ensured staff had the values the home wanted. New staff undertook a six month probationary period when they started and were registered to complete the Care Certificate. The Care Certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe and compassionate care. A clear staff disciplinary process was in place and we saw this had been followed when it was considered staff were potentially responsible for unsafe practice.

Medicines were managed, stored, given to people as prescribed and disposed of safely. A staff member who had only worked in the home for three months talked us through the process of ordering, storing and administering medicines. They said they had undertaken relevant training and competency tests as part of their induction and were able to talk through these systems clearly and with confidence.

People's care records had detailed information about their medicines and how they needed and preferred these to be given. For example one person's support plan stated what the person wanted staff to do if they refused their medicines. The information advised staff to give the person a short amount of time to think

about it and then to go back again. The guidelines also said the person wanted staff to talk to them about their medicines and remind them of their importance and possible effects of not taking them. Clear recording procedures were in place for staff when medicines were refused. Where possible people were supported to assist with their medicines and understand the reason for taking them. For example, records confirmed people signed their MAR (Medicines Administration Records) to confirm their medicines had been given to them as required.

Two members of staff checked and signed for medicines when they arrived in the home. These were cross referenced with the records held in the home for the person they were prescribed for. People's medicines were stored safely and cold storage was available when required. Medicine administration records were in place and the sample we looked at had been completed clearly and as required. To reduce the risk of errors two staff members were responsible for administering medicines, one signed the MAR sheet to confirm they had given the medicine and the other signed to confirm they had witnessed the medicines being administered. A clear system was in place for recording when people took medicines out of the home, for example, when they visited relatives or went on holiday. Information was clearly available for staff about people who required, as needed (PRN) medicines. These protocols helped staff understand the reasons for these medicines and how and when they should be given. A record was kept of all homely medicines held and administered in the home. Medicines prescribed in the form of creams and lotions were also recorded on MAR sheets with clear information for staff about how these medicines should be administered. Protective clothing including gloves were available for people and staff when lotions or creams needed to be applied to the skin.

Good

# Is the service effective?

## Our findings

People received care and support from staff who knew them well and who had the skills and knowledge to meet their needs. People said, "I like to talk and have lots of interests, the staff who know me well, understand me and know how to support me", and "Staff have training so they can understand and help". Professionals we spoke with said, "The staff are good at helping people make choices and not making choices for them".

There was a strong emphasis on training and continued development throughout the staff team. Staff undertook a 12 week induction programme at the start of their employment at the home. The induction included time for new staff to be in the home meeting people, observing daily routines and looking at records. A starter guide was available, which provided new staff with information about the service including the roles and responsibility of the staff team and management. New staff completed six initial training modules, and shadowed permanent staff before being allowed to work on their own. Staff we spoke with who had recently started working in the home said, "I was very impressed with my induction, I have a mentor who supports me, and plenty of time to read records and get to know people", and "There is a mentoring system for new staff, it is really good, we know exactly what we are expected to do".

Records and certificates of training confirmed a wide range of learning opportunities were available for all staff. On-going training such as first aid, safeguarding and awareness of the Mental Capacity Act were planned to support staff's continued learning and was updated when required. Staff also had the opportunity to complete training specific to the needs of people they supported. Discussion with the registered manager and staff confirmed these training needs were regularly discussed within staff meetings, supervision sessions and when planning people's care arrangements. For example, one person's plan stated that staff needed to understand and be trained in supporting people living with Autism. All staff had undertaken this training and told us "The Autism training provided by the organisation is amazing, the trainer captured us, we won't forget it". Staff told us they had also recently undertaken training in relation to the needs of people living with Tourette's Syndrome. They said the training had been delivered by a person living with this particular condition, which had made the training feel "More relevant and real". Staff we spoke with said the training had really helped them provide support to people who lived at the home. On the day of the inspection staff were undertaking 'Legal Highs' drug awareness training. The registered manager said it was really important to ensure training was appropriate and relevant to the age group and needs of people they supported. A 'training cupboard' was available in the main office with a wide range of training material, which staff could access and use at any time.

Staff felt well supported by a regular system of supervision, which considered their role, training and future development. Observational supervision, competency assessments and annual appraisals were carried out by the registered manager. In addition to 1:1 formal supervision sessions staff said they felt they could approach the registered manager at any time and were well supported by their colleagues. Staff we spoke with said, "I have regular supervision and the manager and senior staff always say we mustn't be afraid to ask". The registered manager worked alongside the staff team to encourage and maintain good practice and provide informal supervision when required. They told us, "I wouldn't expect the staff to do anything I

wouldn't do. I enjoying helping staff to learn, showing them that by following guidelines we can meet people's needs".

People were free to move around the home and most were able to go out without support from staff. When it had been assessed people did require support to go out the registered manager was aware of the need to consider people's capacity to consent to these arrangements within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS provides the legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make a certain decision, at a certain time. They aim to make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. The provider had followed the correct procedures and at the time of the inspection had made one DoLS application for a person who required support to go out and who they had assessed lacked the capacity to understand the reason for these arrangements.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) and went to great effort to ensure people were given choices and explanations about their care and treatment. A wide range of learning material was available to staff regarding assessing people's capacity and making best interest decisions. Support plans included information about people's capacity in relation to different areas of their care and lifestyle and highlighted when people were able to make decisions for themselves or if best interest discussions would be needed to support them. For example, one person had made a decision to go abroad on holiday. The registered manager had spoken to other agencies and concluded the person had capacity to make these decisions, and just required support and guidance about keeping safe. Another person had decided to travel to London. A capacity assessment completed by the service concluded the person was able to make this decision. A support plan was put in place to help make this trip as safe and positive as possible. This included supporting the person to purchase their travel tickets and helping them consider ways of keeping in touch with the home in case they needed any support.

Staff told us they supported people to make choices and gave people time to make decisions about their daily routines and lifestyle. For example, we saw people deciding when they got up, what they wanted to wear, eat and how they wanted to spend their time. However, when it came to more complex decisions if there was concern about the person's ability to weigh up the risks, relevant professionals would be involved. For example, best interest discussions had taken place in relation to one person when it had been assessed by the service that they may not have capacity to fully understand issues relating to their health needs. This process helped to ensure actions were carried out in line with legislation and in the person's best interests.

Staff were supported to understand and manage people's behaviours in an appropriate and lawful manner. Behaviour management plans were in place for some people to help staff understand the behaviour people may present, to recognise the triggers and to understand the action they would need to take if the behaviours occured. A behavioural advisor was available within the service who had undertaken specific training to enable them to provide support for people and staff. One person had been supported to consider strategies to manage difficult situations. These strategies were available in a format they could understand and refer to when needed. One person had a 'mood chart', which they completed each day to help them think about how they might be feeling and how this may affect their day. Staff we spoke with had a good understanding of people's behaviours and how they needed to be supported. Comments included, "We have good guidelines and good support, and if there is an incident we always have a de-brief to help us think about what happened.

Staff understood the importance of people receiving a healthy, balanced diet. People were supported to be as independent as they could with eating and drinking. People did their own menu planning, shopping and meal preparation with support when needed. People told us, "I love cooking, I am cooking sausage and chips for lunch". People were able to make choices about what they ate and drank and their likes and dislikes were recorded. Staff undertook training in relation to diet and nutrition and used this knowledge to support people to consider healthy meal options. People told us about an event in the home called 'Try it Tuesday', they said different healthy meals were cooked for people to try. One person we spoke with said, "It's good, we had Jamaican Burgers and healthy Eton Mess".

People's care records highlighted where risks with eating and drinking had been identified. For example one person's plan stated there were risks of self-neglect and poor nutrition if the person did not receive support from staff. There were guidelines in place about how the staff needed to support the person in relation to their diet such as 'support me to store food safely' and supporting them with preparing their meals.

People's health needs were met. People were supported to maintain good health and when required had access to a range of health services. A relative said, "I think they manage [...] health needs well, they keep me informed and made a referral for a review when they had concerns. Support plans included information about people's past and current health needs and staff were familiar with this information. Information about people had been documented as part of a 'hospital passport', which could be used should a person require an admission to hospital. Information in this format is considered by the National Health Service to be good practice to help ensure people's needs are understood should they require treatment in hospital or other healthcare facility. People had access to community healthcare professionals to support their health needs, for example, opticians, dentists and chiropody. Where specialists were involved people were supported to attend these appointments and annual reviews of people's medicines were arranged with their GP or consultant. Staff promptly sought advice when people were not well for example if they were complaining of pain or presenting in a way that caused concern.

Staff communicated effectively to share information about people, their health needs and any appointments they had planned or required support with. Daily handovers included discussions about people's general health and any appointments.

Good

# Is the service caring?

## Our findings

People, relatives and professionals were positive about the quality of the care and support people received. People said the staff helped them and understood their needs. One person said about their keyworker, "She's alright, she helps me with cooking". Another person said, "I'm happy now living here, at home I didn't get to do very much". Relatives said they found staff to be very caring and supportive. Comments included, "The staff are caring towards people and they are never judgemental, that is nice". A professional said they felt staff put people at the heart of the service.

People told us their dignity and privacy was respected. People told us staff knocked on their bedroom doors before entering and they had keys to the main door of the house so that they could come and go as they pleased. People's support plans included information about the need for staff to take into account people's rights, privacy and dignity. For example, one plan stated the person needed support to attend to personal care tasks to ensure they maintained a positive body image and to reduce the risks of bullying by their peers.

We observed staff spoke to people respectfully and in a way they liked to be spoken to. For example, the staff knew who they could joke with and who preferred a more quiet and formal conversation. We saw staff had the time to sit with people and showed a genuine interest in their discussions and conversation. One person sat talking to staff about some of their future plans and some barriers that occasionally got in the way of them achieving what they wanted. The staff member listened, gave the person time to talk and offered gentle reassurance and guidance when required.

People were encouraged to make choices in all aspects of their lives. For example, what clothes they wore, how they occupied their time and the relationships they had. There were some routines in the home and people were encouraged to partake in household tasks such as cooking, laundry and tidying their rooms. However, people said they were able to do things at a time they wanted. One person said "I get up and go to bed when I want, the staff know I like to lie in".

Staff spoke in a way that demonstrated they really knew people they supported. They were able to tell us about people's likes and dislikes as well as important information about their past, interests and relationships. People told us about their plans to keep in touch with family and people who were important to them. One person told us about their weekly visits to see family and another person had been supported by staff to rebuild a relationship with a sibling and attend a family wedding.

Staff supported people during difficult times and when they showed signs of anxiety or distress. For example, one person said, "The staff help me with my anxiety, and always ask me how I am". Staff had bought this person a book about relaxation techniques and helped them consider ways of managing when they felt upset or anxious.

Staff spoke positively about people, made them feel valued and celebrated their achievements. One staff member told us about a person they supported and said, "The really have come on in leaps and bounds,

they talk so much more, it is great".

The service used advocacy services when required and information was available in the home for people if they needed this. A representative from the local advocacy service said, "I would not hesitate to recommend this service, staff always positively engage with people and respect their choices".

Good

# Is the service responsive?

## Our findings

We spoke with the registered manager about the process when new people moved into the home. A thorough process was in place to assess people's individual needs prior to admission. This involved the registered manager meeting the person as well as gathering information and talking to people who knew the person well. Health and social care professionals were involved in the assessment process and if people had family and friends they would also be involved. People would be invited to visit the home prior to admission to find out about the service and to meet people and staff. The service had on occasions responded to local authority requests to allow people to move into the home as an emergency. The registered manager said in this situation a full assessment would be completed within 48 hours of the person moving in as well as a review planned to establish the appropriateness of the placement and any other potential plans. We looked at the records of people who had recently moved into the service. We saw the assessment process had been followed as well as a detailed transition plan to help ensure the move went as smoothly as possible.

People's support plans included clear and detailed information about people's health and social care needs. Each area of the plan described the person's skills and the support needed by staff or other agencies. Support plans were written using the person's preferred name and reflected how they wished to receive their care. For example, one plan stated how the person preferred to be woken in the morning and another described the preferred places the person wanted to meet with staff to discuss their care.

People were involved in planning and reviewing their care and support needs. People told us, "It is my plan, it is all about me". People met regularly to discuss their care and to consider goals for the future. One person showed us the minutes of a meeting they had with their keyworker. They had discussed their support plan and what had been going well, as well as any concerns they had and goals they wished to set themselves. In addition to regular keyworker meetings the home also arranged six monthly meetings with each person to review their support plan. These meetings would include the individual as well as relatives and other agencies when appropriate. One person told us, "I talk about how I am getting on and what I want to do in the future, sometimes we have our meeting at the home and sometimes we go out". Another person showed us their support plan, which included photographs and pictures of people, places and activities important to them.

We talked to people about the routines in the home. People told us, "I can get up and go to bed when I want". The staff said people were encouraged to partake in tasks such as cooking, laundry and cleaning their rooms but these could be done when they wanted and dependent on their particular routine and other activities.

The service recognised people's unique needs and supported people in a personalised way. For example, one person had a reward chart to help them manage particular aspects of their behaviour. The reward system involved the person setting a number of personal goals and receiving a reward when these had been achieved. In addition to the reward chart the staff also spent time with the person helping them think about their mood and behaviour and how they could deal with particular situations. Staff said this system had

worked well for the person concerned but recognised this may not be appropriate for other people they supported. Another person had been supported to consider ways of staff communicating with them as they preferred staff not to go into their bedroom in the morning. Staff and the person concerned had agreed to use their mobile phone to receive and send text messages to staff when they needed to communicate during the morning. This had also worked well for the person when they went out of the home, and had proven to be a less intrusive way of communicating with the person concerned.

People were supported to lead a full and active lifestyle. Throughout the inspection we saw people coming and going from the home either independently or supported by staff. Activities and people's daily routines were personalised and dependent on people's particular choices and interests. People told us about their interests and activities they enjoyed. One person said they enjoyed playing bingo and going to a disco at a local social club. Another person loved trains and told us about a train journey they had gone on over the Christmas holidays.

People were supported to develop their skills and peruse employment and educational activities. One person told us about their voluntary work in a local shop and another person was being supported by staff to obtain paid employment. Another person told us how they benefitted from going to a local community group where they had been involved in a gardening project and made new friends. People were supported to plan holidays away from the home. One person told us about their holiday the previous summer and another had set a goal within their review meeting to plan a return trip to Butlins.

We saw people socialising in the home as well as going out to meet with friends and family. People had plenty of personal belongings to help occupy their time and a room was available with music and keep fit equipment as well as a computer and range of reading and craft material. One person told us they used public transport each week to visit family and others were supported by staff with these arrangements.

People were supported and encouraged to share their views and raise any concerns. One person said "I talk to my keyworker, how to deal with things, we also talk about lots of things we might be worried about in residents meetings". We saw people speaking to staff when they had concerns and going to the staff office to speak to the registered manager about particular issues. The staff and registered manager responded promptly when people asked them questions and provided clear and appropriate guidance and support. The provider had a policy and procedure in place for dealing with complaints. This was made available to people, relatives and professionals. The policy was clearly displayed in the home. We looked at complaints raised by people in the home. We saw complaints had been documented and records included the action taken and feedback provided to the people or person concerned.

Good

# Is the service well-led?

## Our findings

People, staff, relatives and professionals described the management of the home to be approachable, open and supportive. People told us, "[…] (the registered manager) is really good, she is kind and helps me". Relatives said, "The manager is excellent at dealing with difficult situations", and "The management and staff are so flexible and they are never judgemental". Comments from other agencies and health professionals included, "The management and staff work really well with us to support people" and "They are very obliging, quick to offer support, I would not hesitate to recommend them to people".

There was a positive culture within the service and the management team provided strong leadership and led by example. The registered manager said, "I would never expect staff to do anything I wouldn't do, I enjoy teaching, helping staff to learn". Staff understood the values of the home and this was demonstrated in the way care was provided. The registered manager said, "I tell staff we are here to empower people, we are a move on service and although this may take time for some people it is our overall aim". A staff member we spoke with said, "It is a move on service so everything we do is about constantly encouraging and supporting people to learn new skills and be independent". Staff spoke passionately about their work and were proud of people's achievements. One staff member said, "[…] has come on in leaps and bounds, it brilliant", and "I think staff go that extra mile, they really want people to do well".

The registered manager took an active role within the running of the service and had good knowledge of the staff and people who lived there. There were clear lines of responsibility and accountability within the management structure. Staff told us, "I'm clear about my role and the role of others", and "The manager tells us never to be afraid to ask, we are able to suggest things, think outside the box, it makes us feel valued as part of a team". The registered manager maintained their own professional development by attending regular training and keeping up to date with best practice. We saw a recent review undertaken by Plymouth City Council in relation to the quality of the service praised the registered manager for their leadership skills.

The registered manager encouraged and promoted community involvement and joint agency working. This had included close work with the local police in relation to supporting people with aspects of their behaviour and keeping safe in the community. People had also been supported to access local support groups to help them with particular issues such as drug and alcohol dependency and sexual health. The registered manager said, "We empower people to feel confident to access services outside the home either independently or with our support". One staff member had attended a group organised by the local health service in relation to weight issues. The registered manager said this contact had been important as they supported people with eating disorders. Therapy space had also been organised in liaison with Plymouth Community Healthcare for people who may require space and support outside of the home setting.

People were involved in decisions about the service. For example, people were actively involved in the recruitment process and were part of the interview panel for new staff. Residents meetings were organised on a regular basis and a range of topics relating to the home and people's support arrangements were discussed. We saw people had been supported to consider the inspection process and their views on the quality of the service. A wall in the activity room had been used to allow people to post information about

what they thought of the service, such as, 'Is the service safe' and 'How can staff deliver the best care they can?".

Information was used to aid learning and drive improvement across the service. We saw incident forms had been completed in good detail and included the opportunity for staff to consider any learning or practice issues. Accident and incident records were analysed to look for any trends or patterns developing and where preventative action needed to be taken. For example, analysis of incident reports had identified one person needed some additional support and information about road safety, and guidelines for another person needed to be updated to ensure all agencies understood about how to support them when they were very distressed. As a consequence of this analysis the guidelines, behaviour management plans and risk assessment had been amended to ensure the support provided was appropriate and safe.

Staff meetings were held to provide opportunity for open communication. Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information. The registered manager showed us new daily monitoring forms, which were directly linked to people's support plans and provided an additional way of monitoring people's needs to ensure they were met appropriately.

As well as seeking feedback from people and their relatives the registered manager assessed and assured the quality of the service through a number of quality audits. This included audits relating to health and safety, the equipment and the homes maintenance such as the fire alarms and electrical equipment. The registered manager had systems in place to regularly check the quality of records held in the home and also undertook a regular audit of people's personal finances and medicines. Learning from incidents, feedback, complaints and concerns had been used to help drive continuous improvement across the service.