

# Ashcroft Care Services Limited

## Flint Cottage

### Inspection report





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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Flint Cottage is a residential care home providing personal care and accommodation for up to four adults living with a learning disability and/or autism.

Services for people with learning disabilities and or autism are supported

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

The service was a small home, like other domestic style properties in the area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Although in a rural location, there were vehicles which ensured people were able to access the local community easily. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

The service was led by a very committed registered manager who constantly looked at ways to improve the care and support of people. The registered manager had introduced innovative systems to support people to lead happy, fulfilled lives. These systems were based on gradually developing people's independence supported by records which demonstrated how effective the approach was. Feedback from families and health professionals about the registered manager and staff was very positive. The provider had a staff recognition scheme which encouraged staff loyalty. The registered manager recognised the importance of supporting staff and motivating them. Staff had received awards demonstrating their work and commitment to people. Feedback from health professionals was extremely positive.

Best practice standards were used to implement high quality, effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider, managers and staff were very committed to an open learning, culture. This approach focussed on what people could achieve, recognising their potential despite their disabilities. Staff supported people to do activities they enjoyed individually and with friends in Flint Cottage and the local community. People were encouraged to be as independent as possible with clearly described aspirations and achievements. People did activities which reflected their interests and hobbies as well as everyday

chores. These included domestic activities such as loading the dishwasher, spending time in the garden and trampolining. People also spent time in the local community. These included shopping, eating out as well as going to special events including concerts, music festivals and holidays. Staff understood how to work with each person to achieve positive outcomes for the person. This included supporting people to use indoor and outdoor spaces which had been designed to meet their specific needs.

Care records showed that information was collected to support an evidence-based approach to delivering care. People's care records described their risks, needs and preferences. Risk assessments and care plans provided clear, detailed information for staff on how to support people to lead a happy, safe, fulfilled life. Care records were reviewed regularly and updated when necessary to ensure they reflected the person's current care and support needs.

The service had been adapted to ensure people with high levels of autism lived in an environment which was comfortable and safe. There were robust systems to check the safety and quality of care in the service. This included audits of the buildings and equipment as well as care records. The provider's governance systems ensured key performance measures were monitored; where action was identified as necessary, this was completed in a timely fashion. The registered manager reviewed staffing levels and ensured there were enough staff to meet people's needs.

People received safe care from staff who had been recruited and trained safely. There was a consistent staff team, some of whom were long-serving and knew people very well. Staff communicated with each person using both verbal and non-verbal methods. Staff were able to interpret fluently what people wanted. This meant that the people living at Flint Cottage, some of who had little or no verbal communication, were very well understood and supported

Medicines were stored, administered and recorded in line with best practice.

People, and their families, were involved as much as possible in their care and support which helped to give them choice and control in their lives. There were systems to manage complaints and people were supported to communicate concerns when necessary. Staff supported people to stay in touch with relatives and friends.

Staff understood and had taken appropriate actions to ensure people were supported in line with the Mental Capacity Act (2005). People appeared happy and contented in the service. They were offered activities both inside the home and in the local community.

#### Rating at last inspection

The last rating for this service was Good (published 20 December 2016). At this inspection we found the service had improved to be Outstanding

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Flint Cottage

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We met the four people who used the service and spent time observing the support provided. We spoke with five members of staff including the registered manager, care workers and maintenance staff. We also spoke

with a senior manager from the provider organisation who was visiting the service. We met and spoke with a visiting health professional who was supporting two people living at Flint Cottage.

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

After the inspection

We received additional information from the registered manager. This included photographic and written information. We received feedback from two relatives of people who live at Flint Cottage. We also received feedback from two health and social care professionals who support people at the service.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and happy with staff in the home. One relative commented, "My brother has lived there many years and there has been no problems."
- People were safeguarded from the risk of abuse. For example, there were systems to ensure people's finances were managed safely. Staff recorded when they spent money on behalf of a person. Audits of expenditure were carried out regularly.
- Staff were trained and understood how to recognise abuse, neglect and discrimination. Managers understood their responsibilities to report and handle any concerns if these were reported to them.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and there were detailed plans about how staff should care for the person to mitigate the risks. The risk assessments had taken into consideration how to minimise restrictions on people's freedom and choice.
- People's records were accurate and complete with information about the physical and mental health and well-being described. Daily notes described actions staff had taken to support the person as well as any concerns staff had. Records also showed where a concern had been identified, action had been taken to address this.
- Safety checks were carried out regularly. Records showed that maintenance was then carried out to rectify the issue.

Staffing and recruitment

- There was a stable staff team, who knew people well. Staffing levels were adjusted to support people doing activities in the home and in the community. A relative commented "When I visit my brother there seems to be lots of staff."
- Staff took time to support people at their own pace. Staff responded to people's needs in a timely manner, helping them to manage their personal care as well as activities they wanted to do. The registered manager explained how they matched staff to specific activities taking into consideration people's preferences and staff skills.
- There were robust recruitment processes which helped to ensure new staff were safe to work with vulnerable people.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Medicines were stored tidily in locked medicine cabinets in people's rooms. Audits were carried out and where errors were identified, action was taken to reduce the risks of a reoccurrence.
- Medicines were clearly labelled. For example, topical medicines such as creams had the date they were opened recorded. This helped to ensure they were not used beyond their expiry date.
- Staff involved in handling medicines had received recent training around medicines administration. Staff competencies were reassessed regularly.
- The service worked closely with health professionals, including GPs and specialists, to ensure people's medicines were managed effectively. When a change in prescribed medicine was implemented, staff closely monitored people to ensure the medicine was having the desired outcome.

#### Preventing and controlling infection

- The service was clean and well maintained, with no malodours evident during the inspection. There were systems to reduce the risks of infection.
- Staff understood their roles and responsibilities in relation to infection control and hygiene. Staff completed training in infection control and health and safety.
- Food was prepared and stored safely. Staff completed training in food safety and were able to describe how to minimise the risks of infection from food.

#### Learning lessons when things go wrong

- The registered manager was proactive in looking at the ways in which lessons could be learned if an accident or incident occurred. They reviewed all accidents and incidents and analysed for trends and patterns. Where concerns were identified, they considered ways to further improve the service.
- Staff were supported to learn from incidents and accidents. Staff debriefed after an accident or incident occurred to support better understanding of what had happened. Issues were also discussed at staff meetings.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's personal lifestyle preferences were very well supported. For example, one person preferred being outside, regardless of the weather. To support the person to remain physically and mentally healthy, an all-weather gazebo had been installed close to the house. This meant the person was able to be outside, but remain dry, all weathers. This had helped improve their physical health while supporting their need to be outside. As a result, they had become less agitated and there had been no further incidents where the person had self-harmed or displayed behaviour which challenged others.
- The service was exceptionally well adapted to support each of the people. Innovative solutions considered people's specific risks and needs. One person had a severe eating disorder, which put them at risk of ingesting non-edible items which could be harmful to their health. To reduce these risks, one area of the garden had been laid with 'fake grass' with surrounding edges planted with edible herbs. Staff were meticulous in ensuring the 'fake grass' was clear of leaves and debris before the person went in the garden. This meant that the person could enjoy the garden, with the risk of coming to harm reduced.
- People enjoyed their home environment in comfort as well as in safety. One person had had a chair bought specifically for them. The registered manager explained how they had looked at particular features to minimise the risks to the person. Another person had a bean bag which helped them to remain calm and relaxed.
- Safety features had been fitted to ensure people were safe with as few restrictions as possible. For example, a TV was mounted on a wall behind clear Perspex which had minimal visual impact whilst reducing the risks to people. This meant that people were able to watch TV without any restrictions about the angle they viewed from, while keeping them safe.
- People and their relatives were involved in the layout and décor of their bedroom, which were designed considering the person's needs and preferences. For example, one bedroom had specialist lights which provided a sensory experience for the person when they wanted to relax.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA and authorisations had been applied for. Where DoLS were authorised, conditions were met, and re-authorisations were applied for in good time.
- Staff were trained in the MCA. Staff described how they worked with people ensuring there were as few restrictions as possible. This included actively monitoring any restrictions and reviewing these to ensure the person's freedoms were maintained as much as possible.
- Where people did not have capacity to make a particular decision, there were records of best interest meetings with people, their relatives, independent advocates, staff who knew them well and health/social care professionals. For example, there was detailed evidence of best interest meetings and decisions concerning one person wearing a body suit to reduce the risks of infection. Records showed how the suit had been trialled and the person's reactions recorded. These had been positive, so the trial had been extended. This helped the person to be kept free from harm without negative consequences. However, staff were also aware the warmer weather could make the suit uncomfortable, so they were looking at alternative strategies to keep the person safe and comfortable.
- The service achieved the best possible outcomes for people by ensuring that needs were assessed and delivered in line with current standards, guidance and legislation. For example, records considered National Institute for Health and Care Excellence (NICE) guidance and other good practice guidance for people living with a learning disability and/or autism. People were supported to have maximum choice and control of their lives. Staff used personalised communication techniques to support people's understanding. This included using photos and pictures to explain to the person. This helped people understand options available to them.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were consistent and very effective at identifying people's physical health needs or issues based on how they expressed themselves, including non-verbal cues.
- Staff kept very detailed and accurate observation notes which they used to analyse any changes in the person. Staff shared the detailed evidence with health professionals and worked with them to provide appropriate diagnosis, care and treatment. This ensured each person's health issues were managed quickly and effectively. For example, staff had monitored the negative impact a prescribed medicine was having on the person's ability to enjoy life fully. Health professionals had commented on the positive impact of these communication strategies which resulted in a reduction in PRN (as required) medicine to help a person remain calm. This had had a very positive effect on the person who had become more alert and better able to join in activities.

Supporting people to live healthier lives, access healthcare services and support.

- People had regular health check-ups and staff worked very closely with healthcare services to ensure people's needs were met and they received high-quality, joined up, effective care. This included supporting people who needed to receive care in hospital. Each person had a hospital passport which provided up-to-date comprehensive information for hospital staff. When a person needed to go into hospital, they were supported by the home's staff. This meant the person was less stressed by the unfamiliar surroundings and had a better hospital stay.
- People were supported to visit the dentist, optician and other health services, considering each person's

reactions to visits. Appointments were planned, with healthcare professional input, considering the individual needs of the person. For example, where a person reacted very negatively to a visit to the dentist, staff had spent time coaching them each day to open their mouth. This meant the person became accustomed to being asked and therefore less agitated at the dental appointment. Staff also followed detailed care plans to ensure people had good oral hygiene, which meant that people were supported to have good oral health.

- Staff monitored people's physical and mental health needs closely in liaison with the person's GP and health specialists. One health professional commented, "The staff report any concerns in a timely fashion and are knowledgeable about their clients...They are responsive to the needs of their clients...at all times in a caring professional manner."
- The service was developing the use of new technology to support the delivery of effective care. For example, mobile electronic care monitoring was being introduced. This meant staff could update records quickly and easily and all staff had instant access to updates.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a very holistic approach to providing care to meet people's physical, mental and social needs. Personalised care and support plans were tailored and delivered in line with legislation, standards and evidence-based guidance.
- Each person had a personalised development plan which supported them to be as independent as possible. All staff were actively engaged in activities to monitor and improve the quality of care. They meticulously recorded each person's progress towards goals and supported them to develop their skills further. For example, over a period of months, records showed how one person had learned how to load the dishwasher successfully. This had helped them become more involved in day-to-day activities and had increased their independence

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

- Everyone at Flint Cottage needed support with eating and drinking. Each person had been assessed by health professionals, who had devised personalised eating plans. Care plans contained detailed up-to-date information about people's risks and needs in terms of food and drink. Staff were very knowledgeable and followed the advice when preparing and serving food.
- People and staff sat around the dining room table when eating meals. Birthdays and Christmas were celebrated with special meals, in the home or out. People regularly went to local pubs and cafes and had takeaway meals of their choice. This encouraged people to see eating and drinking as a sociable activity.
- People were supported to choose food and drink they liked. People were also encouraged to make healthy choices following national guidance about portion size and food groups. Staff prepared meals from fresh ingredients ensuring healthy food options. This meant people had a balanced, healthy diet. A relative commented the food was "fine."
- Meals were prepared and cooked by staff. However, people were encouraged to get involved in shopping for, preparing and cooking food. People were supported to learn skills in the kitchen.
- People were offered hot and cold drinks regularly. This helped people remain hydrated.

Staff support: induction, training, skills and experience

- Staff were highly skilled and very able to support people with a high level of needs. Staff completed mandatory and specialist courses to ensure they were aware of and up-to-date with best practice and guidance. A relative said staff were "Well trained and knowledgeable." A health professional commented staff were "knowledgeable" and "professional."
- There was a comprehensive and thorough supervision and appraisal system. Staff met with the registered manager in one-to-one sessions regularly. This provided an opportunity to reflect on their role, aspirations

and training needs. Staff had been supported to develop in their roles and learn new skills. A member of staff said this helped them to always look for ways to "improve the care we give everyone." Another said it helped them, "Get the most out of my job and make a real difference to the guys." This showed both the service was committed to, and always looking for, ways to improve the care and achieve good outcomes for people and staff.

- Staff said the registered manager and other senior staff were around often and therefore they could ask for advice and support at any time. The provider also had a positive behaviour support specialist who provided professional advice and support to staff at Flint Cottage when needed. This meant if staff had concerns about a person's behaviours which could challenge others, they had the benefits of a specialist who responded quickly.
- There were very effective hand-overs between staff at the end of each shift, which meant staff were aware of each person's current presentation and any issues that had occurred when they started to work with them.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were put at the centre of their care. Staff looked for ways to involve people in decisions including where to go on holiday. For example, staff had helped one person choose a holiday by visiting a travel agent to look at holiday options. Photographs showed the person at the travel agent and then looking at brochures. There was also a photo diary of the holiday which showed the person enjoying it. Another person loved Disney characters. Staff had liaised with relatives who had agreed to staff planning with the person to go on a trip to EuroDisney. Staff had applied for a passport for the person and plans for the trip were underway.
- Staff supported people to make and retain friendships. For example, two people had a friendship and therefore staff supported them to do activities together. Other people preferred to go out individually which was also arranged. Staff supported people to attend social clubs and discos where they met other people they knew and liked.
- People had very limited verbal communications skills. Each person had a detailed communication plan which described how they communicated and how they were best communicated with. Staff were very experienced and knowledgeable about how people communicated, recognising their unique worth, their skills and their understanding. For example, staff were able to interpret a person wanted something to eat and, by showing the person a choice of snacks, understood the person wanted a biscuit.
- Staff recognised and responded quickly to non-verbal communications such as body language. This helped people remain calm and relaxed. For example, member of staff talked quietly and calmly to a person who was appearing anxious. Staff interpreted the person needed personal care and supported them to their bedroom to help with this.
- A member of staff described how they supported one person with personal care, who found this difficult. The care worker said they were able to make it more enjoyable as "we make a game out of it." They said this helped the person relax and be more accepting of the care.
- There was a very relaxed, happy atmosphere at Flint Cottage, with people being supported to do what they wanted. Staff talked with people about what they wanted to do and spent time making sure the person was aware of the choices. They showed the person pictures and photographs as well as using objects of reference to support the person's understanding. Objects of reference are everyday items which a person may associate with an activity. For example, when going out, the person was shown car keys.

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

- People were cared for by staff, who always respected each person's individuality and treated them as they would their own family. Relatives were very positive about the care their family member received. One commented "They are a very professional and caring group of people and I count my blessing that [person] is in such safe and loving hands." A health professional commented staff, "treat [people] with compassion and understanding, which is made apparent by the response of their clients to them." They also added "I would be happy to have a relative living at the home."
- Staff were extremely motivated and went above and beyond their duty to support people. For example, one member of staff had spent a lot of time developing a close relationship with a person, building up their trust. The person had been very anxious in noisy environments, so the care worker had worked with them to improve this over several months. As the person became more confident, they had been able to start doing activities individually and then as part of a group. The care worker had chosen to spend off-duty time researching activities the person would enjoy doing. Aware the person really liked music, the care worker had taken them to a tribute concert of a band they liked. This had been so successful, trips to other concerts and a festival had taken place. The person also now regularly went to a social club and disco where they could listen to their favourite music. This had been a significant improvement to the quality of the person's life as they were now more involved in social activities.
- People's differences were respected, and staff supported people to make decisions about their spiritual and social preferences as well as their physical needs. Staff were involved in a pilot project to better understand how to support each person's spiritual wellbeing. This included supporting people to experience meaning and purpose through a connection with "self, other's art, music, literature, nature or a power greater than oneself." The registered manager explained one person's history was not fully known prior to living at Flint Cottage due to being moved around as a younger adult. The staff were working to gain a better understanding of what was important to the person to give them spiritual wellbeing. This had included giving them quiet time walking in the woods and being supported to visit church.
- One person really loved Christmas and particularly got very excited when getting presents. Staff described how the person got as much, or more, pleasure from unwrapping gifts as from the gift itself. Staff had therefore made sure the person had lots of individual presents to unwrap at Christmas. Photos showed the person's joy with a large pile of gifts in front of them.
- Throughout the inspection there were lots of caring interactions. Staff and people clearly cared deeply for each other and were able to share pleasure and enjoyment over little things. For example, when a person returned from a trip out, staff spent time communicating with the person about how well the trip had gone. Although the person did not have verbal communications skills, their body language showed how they agreed and had enjoyed the trip.

#### Respecting and promoting people's privacy, dignity and independence

- Staff were very discreet when working with people. Staff made sure the person's dignity was maintained when providing support with their personal care. For example, staff were observed helping one person to change their clothes, encouraging them to go to their bedroom to do so.
- People's care plans described the ways in which staff should empower people to be as independent as possible. People were encouraged to get involved in activities of day to day living. This included going shopping, cooking, laundry, gardening and keeping their room clean and tidy. This meant each person developed daily living skills over time.
- People were encouraged to do activities which promoted their independence and freedom. For example, one person spent time doing exercise they enjoyed which included bouncing on a trampoline. This helped them to remain mobile and fit.

# Is the service responsive?

## Our findings

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

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

Good: This meant people's needs were met through good organisation and delivery.

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

- Each person had a very personalised care plan which described the care and support they needed and how they wanted this delivered. Care plans incorporated simply annotated photographs of the person doing particular activities they enjoyed. This helped to support people's understanding of the care and support they needed. Care plans clearly focussed on people's strengths and abilities, describing positive aspects and what they could achieve themselves. This meant people were supported to be as independent as possible.
- People were encouraged and supported to follow their interests and take part in activities. Each person had a key worker who took special interest in ensuring the person took part in a wide range of hobbies and interests. For example, one person enjoyed carriage riding, which they did regularly. The provider organised an annual festival for all the people in their services. People had attended to enjoy music, entertainment and food. Other special occasions in the service, including Valentine's day and Halloween, were arranged by staff to ensure people were able to be involved in celebrations. Staff also arranged trip for people to local events such as the local town's carnival.
- Staff looked at innovative ways to help people relax and be happy. For example, photos of people also showed how they had used a large paddling pool in the garden which they enjoyed in the very hot weather in 2018. Staff said this had really helped people remain cool and calm.
- Each person had development plans which showed everyday living skills they were trying to develop skills in. For example, records showed staff were supporting one person to become more independent loading the dishwasher. Staff recorded whether the person had successfully done this each day and how they were progressing. Staff monitored how the person was progressing and whether changes were needed to the care plan.
- Risks had been assessed and plans detailed how these and what staff needed to do to reduce them. For example, a care protocol described how one person needed support to maintain good oral health. There was a step-by-step guide for staff on how they should brush the person's teeth. This included how the person would show they were happy to do this, as well as how staff should encourage and involve the person as much as possible during the process.
- People were encouraged to develop and maintain relationships which were important to them, such as staying in contact with family. For example, one person's care records contained details about their relatives and how they were involved in the person's life. The care record also described friendships the person had with people, both inside and outside the home as well as social activities they enjoyed. Records and photos evidenced how the person was supported to see family and friends and engage in social events.



Staff supported people to visit family in their own homes.

#### Meeting people's communication needs

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

- The registered manager and staff were aware of their responsibility to meet the Accessible Information Standard. Staff were very skilled at communicating with people and interpret their needs in different ways, according to the person's ability to communicate and understand. For example, where one person had limited verbal skills, staff communicated with them using photos and simple language to explain to the person. Each person had a photo log of activities they had enjoyed doing, including trips out and holidays. Staff were able to show them these to aid the person's understanding and recall.
- There was a very visible person-centred culture which supported people living their life to the fullest. Staff encouraged people using innovative approaches to support people with communicating their preferences. For example, one person had a wall where they displayed "My art story". Through various art projects, the person had been supported to articulate who they were, what helped them eat healthily, and what was most important to them. Staff said this had helped them to understand the person better and support them in ways the person preferred. One art piece described "5 a day my way." This helped staff know what fruit and vegetables the person liked to eat.

#### Improving care quality in response to complaints or concerns

- Although people had only limited verbal communication skills, they were supported to raise concerns and complaints. There was a complaints policy and easy-read complaints procedure, which used simple language and symbols to explain what a person could do if they were unhappy about their care. All staff were highly skilled in recognising and interpreting non-verbal and verbal communications which each person might use to express they were unhappy. Staff raised any concerns on behalf of people and action was taken to deal with any concern quickly.
- Relatives said they knew how to raise a concern or issue but had not had to. Health professionals said they had not had to raise any concerns.
- Where necessary, such as when there were no family who regularly visited the person, external advocates had been used to ensure the person's 'voice' was heard. Documents showed advocates and paid representatives had visited one person more than once in the last 12 months. This showed the service took seriously its responsibilities to respond to people's concerns.

#### End of life care and support

- The service was not supporting any people who were nearing the end of their life. The registered manager said if someone became critically ill or near the end of their life, they would try to support them in the home to have a dignified and good end of life experience. They said this would be with the help of outside health professionals, including the person's GP, district nurses and hospice staff.
- The registered manager said none of the people were able to communicate specific preferences about their end of life care. However, they added staff knew people well and would do all they could to support people. They said people's end of life plan would reflect how they had chosen to live their life. The registered manager said they would also ensure people's relatives and advocates would be involved in decisions about end of life care.



# Is the service well-led?

## Our findings

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

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider took quality and safety seriously and embedded it into improving services. For example, they had recently introduced a new model of care planning and delivery framework based on best practice guidance, described as "The big life adventure". The framework described how the aim of the service was to "enable people with learning disabilities to think big, achieve long-term goals and live as independently as possible". The registered manager at Flint Cottage described how the service was one of the pilot sites testing the framework. They had attended meetings and was introducing the ideas to staff.
- Performance management and quality monitoring systems were fully embedded within everyday practice in the home. Senior staff visited the service frequently and provided support and advice to the registered manager and staff. They also undertook quality assurance and performance assessments. The results from audits and checks were used to ensure the quality and safety of the service was maintained. Where issues were identified, there was a clear audit trail of what the problem was and how/when it was resolved. Where this involved maintenance staff (who were employed by the provider) doing significant remedial work, risk assessments and risk reduction strategies were put in place.
- There was a new manager in post who had registered with the Care Quality Commission within the last 12 months. They had the knowledge and skills needed to run the service. They also wanted to strive for improvement in their own work and in the work of other staff. They said, as a new registered manager, they had a lot to learn and were keen to do so. A relative commented "I met the new manager he looks like he knows what he is doing." Staff were very positive about the registered manager, saying they were approachable and listened to their ideas.
- The registered manager had a social work background and used this professional knowledge and experience to support staff knowledge and understanding. For example, they had introduced staff to evidence collection systems to monitor the effectiveness of the care and support provided. This meant staff identified physical and mental health concerns quickly. They were therefore able to discuss the detailed evidence with health professionals. This meant people were supported to get rapid, effective diagnosis and treatment.
- The registered manager understood their role and took their duties seriously. This included leading the staff team, monitoring the quality and performance measures for the service and looking at what actions were needed to make improvements.
- The registered manager was clear about their duty of candour responsibility. Where accidents occurred,

they understood the importance of reporting it to the appropriate bodies and the family.

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

- The registered manager was very visible in the home and proactive in developing improvements in the care and support people received at Flint Cottage. For example, they had organised specific improvements to external areas which meant people were able to spend time in the garden rather than indoors. A relative commented "I have always felt very happy with the care my son [person's name] receives at Flint Cottage and am happy for his continuing stay there.
- The registered manager described how they were developing the service and wanted to inspire and encourage staff to deliver outstanding care. They described how they believed in recognising and rewarding exceptional work by staff. For example, they nominated a member of their team to be the provider's employee of the month. The person had been successful in the nomination and was clearly proud and pleased about the award. Another member of staff was also praised formally for long service.
- The registered manager said he supported staff as he would want to be supported himself. When one member of staff had a health issue, the registered manager had looked at ways to support the person to continue to work. This included putting in place, a risk assessment and reduced responsibilities work plan for the staff member until the issue was resolved.
- When a staff member left the service, the registered manager spent time finding out why this had happened and the staff member's thought about working at Flint Cottage. The registered manager said feedback helped them to identify ways to improve the service.
- Staff development was embedded in the service. This encouraged staff to develop skills and knowledge to support people well. Staff were extremely motivated and driven to keep standards of care very high and were very proud to work for the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved, as much as possible, in decisions about the home, food and activities. Staff used verbal and non-verbal communication methods, including easy-read, pictures, photos and objects of reference to help people make choices.
- There were regular staff meetings where staff could bring ideas for consideration. Staff said they felt they were engaged and involved in service development.
- There were strong links with the local community. People used local shops, cafes and pubs regularly. Staff also supported people to go to events such as an annual festival as well as fetes and fairs. Staff also supported people to see concerts and shows at their local theatre.

Working in partnership with others

- The service worked in partnership with key organisations such as commissioners and the local authorities to provide joined-up care. For example, commissioners of care were invited to attend review meetings.
- Where necessary, the service shared appropriate information with other agencies. For example, when applying for Deprivation of Liberty Safeguards authorisations, information was shared with the regulatory body. This helped the agencies to make decisions about people's care.