CareQuality Commission

In Chorus Limited

Brightwater

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Brightwater is registered both as a care home but also to provide a personal care service to people living in their own home. Throughout the report we refer to the registered provider by their trading name of In Chorus. The registered care home provided accommodation and personal care for up to five people living with autistic spectrum disorder and/ or other mental health needs. People in care homes receive accommodation and their care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection. At the time of our inspection there were four people living in the care home.

At the time of the inspection, Brightwater was providing a personal care service to one person who was living in their own home. When people live in their own home, CQC do not regulate the premises within which they live, only the 'personal care' element of support being provided.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At our last inspection in April 2016, we rated the service as overall good. At this inspection, we found the evidence continued to support an overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Some elements of the service were outstanding.

People were very much at the heart of the service and staff, the registered manager and providers demonstrated a real commitment to provide outstanding person-centred care which achieved the best possible outcomes for people and help them reach their potential.

The feedback from relatives about the person-centred care and support being provided at Brightwater was exceptional.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance.

People had very personalised support plans that contained clear guidance for staff on how best to support them.

Staff had taken steps to provide information to people in a way in which they could understand allowing

them to be as involved as possible in decisions about how their care was provided. This supported the requirements of the Accessible Information Standard.

All the relatives we spoke with were confident that they could approach staff or the registered manager with any concerns and that these would be dealt with.

Other areas were good.

Staff understood how to recognise and respond to abuse and had a good understanding of risks to people's health and wellbeing. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

The home was clean, safe recruitment practices were followed and medicines were managed safely.

Staff received an effective induction, training and ongoing development.

Staff supported people with their dietary needs.

There were systems in place to support effective joint working with other professionals and agencies and to ensure that people's healthcare needs were met.

Staff supported people to maintain relationships that were important to them. People were encouraged to access the community and be engaged in meaningful activity.

People's choices were respected and staff consistently supported people in a way that maintained their independence. People were cared for with dignity and respect.

People, their relatives and staff were positive about the registered manager and their leadership of the service and there were systems in place to assess and monitor the quality and safety of 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? The service remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service had improved to outstanding. People were very much at the heart of the service and staff, the registered manager and providers demonstrated a real commitment to provide outstanding person-centred care which achieved the best possible outcomes for people and help them reach their potential. The feedback from relatives about the person-centred care and support being provided at Brightwater was exceptional. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. People had very personalised support plans that contained clear guidance for staff on how best to support them. Staff had taken steps to provide information to people in a way in which they could understand allowing them to be as involved as possible in decisions about how their care was provided. This supported the requirements of the Accessible Information Standard. All the relatives we spoke with were confident that they could approach staff or the registered manager with any concerns and that these would be dealt with.	**Outstanding** ☆
Is the service well-led?	**Good**

The service remained good.

Care Quality Commission

Brightwater

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 14 and 15 August 2018 and was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke with all four of the people living in the Brightwater Care Home and the person receiving a personal care service in their own home. We also spent time observing interactions between people and the staff supporting them. We spoke with the registered manager, registered providers and three support workers. We reviewed two people's care records, staff training records, the recruitment file for the one staff member that had been recruited since our last inspection, and other records relating to the management of the home such as audits, rotas and meeting minutes. Following our visit, we obtained feedback from five relatives and two health and social care professionals about the quality of care provided.

Good

Is the service safe?

Our findings

People told us they felt safe living at Brightwater. One person said, "They keep me safe…there is always someone around". Relatives also felt that their family members were safe. One relative said, "Oh gosh, he is most definitely safe, if there is an incident they let me know".

The provider had appropriate policies and procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to acting to ensure people's safety. Staff were confident that the leadership team would act on any concerns they might have about a person's safety. There was information available within the service which helped people understand how they might keep themselves safe and care plans considered the support people might need to be protected from discrimination or abuse when out in the community.

People's medicines were managed safely. Medicines were only administered to people by staff who had been trained to do this and who had been assessed as competent to do so. Medicines were kept safely in a locked cabinet. The temperature of the cabinet was currently being monitored weekly and on two occasions in July 2018, the temperature was recorded as being slightly more than the recommended limits for the storage of medicines. We discussed this with the registered manager and provider who agreed to start recording the temperature daily and to produce clear guidance for staff on the actions to take should the temperatures be recorded as being in excess of 25°C. This is important as if medicines are stored in temperatures more than this, it can impact on the effectiveness of the medicine.

We reviewed four people's medicines administration record (MAR). These contained sufficient information to ensure the safe administration of medicines and had been fully completed with no gaps. We observed staff preparing one person's medicines. This was managed safely and in the person's preferred manner. Where people needed 'as required' or PRN medicines, protocols were in place giving staff guidance about why and when the medicine should be offered. We did note that staff did not keep a record of the reason why the PRN medicine had been required. The provider told us that moving forward this would be documented.

Staff had a good understanding of the risks associated with people's care and how to support them to maintain good health and to stay as safe as possible. People had risk assessments in relation to areas such as managing their medicines, epilepsy, cooking and independently accessing the community. Two of the people living in the care home had risk assessments in place with regards to them spending up to two hours alone in the house. One of these people told us, "I'm comfortable with that". Staff demonstrated a good understanding of the risks associated with people's needs and of how these should be met in the least restrictive way possible. Where restrictions were in place, these were appropriate to keep people safe. For example, some of the people using the service only accessed the kitchen with staff support and supervision to ensure that their dietary needs were met safely.

Some of the people within the service could at times express themselves through displaying behaviours

which could challenge others. Where this was the case, there were behaviour care plans in place which provided guidance for staff on how to manage or deescalate the behaviours. The provider had a 'no restraint' policy and therefore staff were not currently trained in physical interventions. Instead, they were provided with 'breakaway' training. Breakaway techniques teach staff how to protect themselves and others from potentially harmful situations without relying on physical interventions or the use of restraint. Staff felt that their current training was appropriate to meet the needs of people safely.

Regular checks were undertaken of the fire safety within the service and fire drills took place periodically. A business continuity plan was in place which set out how the needs of people would be met in the event of the building becoming uninhabitable. Water sampling was taking place to ensure that people were protected against the risks associated with legionella but we have also recommended that the provider ensure a legionella risk assessment is in place and undertaken by a competent person. Checks were being made of the temperature of the water being discharged from taps and baths. A small number of these were slightly in excess of safe ranges as recommended by the Health and Safety Executive. We discussed this with the registered provider who took immediate action for this to be addressed. They also plan to strengthen the auditing process to ensure that this is acted upon in a timelier manner moving forward.

Many of the staff had worked at Brightwater for some time and shared their time between working in the care home and supporting the person living in their own nearby home. This person currently received a 24-hour support service from Brightwater and due to their needs, it was important that this was provided by a consistent staff team. Their relatives felt this was managed well. They told us, "Inevitably, care working results in changes of staff however In Chorus do all they can to ensure continuity of care".

In the registered care home, the planned staffing levels were based upon people's assessed needs and the amount of funded hours provided by the commissioners of the person's care. Until 4pm there were usually two support workers plus the registered manager available to support people within the home and out on trips into the community. Between 4pm and 8pm, there was one member of staff and overnight, there was also one waking member of staff. When there was only one member of staff on duty, they were based in the side of the house which supported the two people who were more dependent. Some of the staff we spoke with expressed some concern that these staffing arrangements could, for example, limit their ability to respond to incidents or medical emergencies. The registered provider told us that additional staff would be rostered if a person wished to go out, but that currently the two people that would need support with this, had not expressed any desire to do so. They also advised that there was an effective on call rota in place and that they, or their fellow director, lived locally and were able to attend the service quickly should additional support be needed. Feedback from people and their relatives indicated that these staffing levels were appropriate and did not impact upon their family member's safety or their ability to take part in activities both within the home and the community as they wished. One relative said, "Staffing has never been a concern, if anything happens, it is covered". We have asked that the registered provider discuss the current staffing ratios with commissioners to ensure that they remain confident that these are adequate to meet people's needs safely.

Relevant checks were completed before staff were employed. Only one person had been employed since our last inspection and so we reviewed their recruitment records. They had provided an application form, a full employment history and proof of identity and attended a competency based interview to check their suitability and competency for the role. References had also been obtained. Disclosure and Barring Service (DBS) checks had been completed. DBS checks alert the provider to any previous convictions or criminal record a potential staff member may have which helps them to make safer recruitment decisions.

We reviewed the records relating to accidents and incidents which had occurred within the care home.

These were investigated which helped to ensure that any causes were identified and action taken to minimise any risk of reoccurrence. For example, we saw that following a medicines error, a range of remedial measures had been put in place to prevent a similar incident from reoccurring. We did note that one incident of unexplained bruising had not been escalated to the local safeguarding team which is best practice. Since the inspection, the registered manager has retrospectively notified the local authority of this.

All staff received training in infection control and were equipped with personal protective equipment, such as disposable gloves, for use when supporting people with personal care. The care home was clean and free from odours and policies and procedures were in place to protect people through effectively preventing and controlling the risk of infections. Staff supported people to clean their own rooms and schedules were in place for this.

Good

Is the service effective?

Our findings

People told us they were very happy living at Brightwater are home and were supported well by the staff. One person said staff were, "Good at what they do". The person being supported in his own home was also happy with the support he received.

The people currently living in the Brightwater care home had all lived there for some time. The registered manager described to us how they were currently undertaking an assessment for a potential new admission to the service. This had so far involved the person visiting Brightwater and a three-hour meeting to find out more about the person's needs. The registered manager advised that they would continue to plan a period of transition should the new person wish to be considered for admission to the service. They explained that a key part of this was reaching a robust judgement about the person's compatibility with the people already using the service. Therefore the transition arrangements always included an opportunity for the new person to meet with those already living at the home and a consideration as to what additional training may be required for the staff team.

The initial assessment was used as a basis for more comprehensive support plans. The support plans we viewed were holistic and person centred and covered a range of areas such as the person's communication needs, diet and nutrition, finances, medicines, their personal care needs and the support needed with domestic tasks or leisure opportunities. They also included information about how their physical health needs were being met.

In the care home, the environment was suited to people's needs. The property, which was one large detached house, was split into two separate areas with two people currently living in each. The two areas were self-contained and each had their own front door and secure outdoor space. The office was in a central area and allowed staff, but not people, to move freely between the two living areas. Each of the houses had a well-equipped kitchen, a lounge and a dining area. People each had a single room which reflected their individual tastes and choices. Two of these rooms were ensuite; the remaining rooms had their own bathrooms close by. Whilst there were some photographs of people enjoying activities in the communal areas, we felt these could be homelier. We discussed this with the registered manager who told us that people were happy with the décor as it was.

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were embedded within the service. The MCA 2005 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. Staff had undertaken training in the MCA 2005. Where people were able to give consent, this was sought and we saw a number of signed consent forms showing people had been involved in reaching a decision about how their care should be provided. There was evidence that guidelines were not put in place until these had each been explained to the person and their agreement and understanding to them

obtained. This was confirmed by one of the people we spoke with who told us, "They [staff] don't make me do anything, they check on me, I've talked to [registered manager] about my care plan and if anything needs to be changed". To check whether people could make more complex decisions about their care, staff had, when required, completed and documented mental capacity assessments in relation to decisions such as consenting to medical procedures.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where potentially restrictive care practices were in place, such as the use of listening monitors to help staff be alerted to people having seizures, relevant authorisations had been obtained or were waiting assessment.

Procedures were in place to ensure that new staff received an induction into the service and to the needs of the people they would be supporting. This helped to ensure that staff knew people well and were confident, safe and competent in their role. Where appropriate, new staff were supported to complete the Care Certificate. The Care Certificate sets out the competencies and standards of care that support workers are expected to demonstrate.

Staff were positive about the training available and told us it helped them to perform their role effectively. For example, one staff member said, "We have all had individual training to deliver [person's emergency medicines] the guidelines are very personalised". Another staff member said, "The training is far better than all other places, it prepares you better". The training provided was a mixture of face to face training and online training. The provider had arranged for face to face training in a number of subjects such as; administering medicines, fire, first aid, breakaway training and moving and handling. The provider also arranged training in supporting people with autism and epilepsy. Online training was undertaken in additional subjects such safeguarding, equality and diversity, dignity and respect, food hygiene, health and safety, risk assessment and infection control. A relative praised the training provided for being tailored to their family member's specific needs. They told us, "There is an intensive training programme for all staff working with [person] which we believe makes him feel as safe and secure as possible".

Staff told us they received regular supervision which was useful in measuring their own development and identifying additional training needs. For example, one staff member said, "Yes it is useful… it keeps you sharp…. care is hard work, you get tired, your manager can help you".

Staff supported people with their dietary needs. People were encouraged to exercise genuine choice about what they ate and drank and to get involved in shopping for, and preparing, their own meals. Meal times were flexible and could be adjusted according to what activities people were doing. There was evidence that staff really understood people's food likes and dislikes and their preferred way to eat their meals. For example, one person, preferred to eat alone, whilst another took their breakfast and lunch in the dining room, but liked to eat their evening meal in the lounge. Wherever possible, staff encouraged people to maintain a healthy diet and good nutrition. There were plenty of fresh vegetables and fruit available.

Relatives were confident that staff supported their family members to maintain good health. One relative told us staff closely monitored their family member's health. They said, "A relapse in his mental health…and a severe pneumonia infection…were supported in hospital and at home in an exemplary manner and greatly helped his eventual recovery". Another relative said, "The slightest thing and they call the doctor". There was evidence that staff supported people to visit a range of other healthcare professionals such as GPs, dentists and opticians. People had annual health checks and routine screening. Records were

maintained of healthcare appointments. Staff also worked collaboratively with a range of other health and social care professionals to meet people's needs. For example, staff were working closely with a community learning disability nurse to explore ways in which they might most effectively support one person to learn about their sexuality. Where people were living with epilepsy, there were clear escalation plans in place which described the actions staff should take should the person experience a seizure. People had a hospital passport. These provide hospital staff with important information about the person and their health should they be admitted to hospital.

Good

Is the service caring?

Our findings

People told us that the staff were kind, caring and supportive and that they were happy living at Brightwater. For example, one person told us, "It's the best, I'm happy, I like all the staff" and another said, "Yes, they[staff] are definitely kind and caring, they are all nice and friendly". A relative told us, "They [staff] are very, very caring as much to me as to [family member]". They told us how when their family member had needed to be admitted to hospital, staff had gone with them and stayed with the person even though the family member was there too. A health care professional told us, "[Registered provider] is very supportive to [person] whilst still promoting his independence, seeking his consent and opinions and she is also very honest with [person] in a gentle and respectful manner…. she has a great approach with [person], she is able to be honest and humorous with him whilst still professional and maintaining boundaries. This makes [person] feel at ease and able to talk to her about difficult and personal subjects".

Staff were confident that the people they worked with were all kind and caring. One staff member said, "I know them all [staff]. I have had time to observe them and how clients are with them, it gives you good assurances". Staff knew what was important to people and what they should be mindful of when providing their support and told us how they read people's body language to know whether they wanted to be alone, for example. We saw staff interacting with people in a caring and good-humoured manner and enjoying some banter with them. Throughout the inspection, the atmosphere at the home was relaxed and people seemed contented and happy in the presence of their support staff. A family member told us, "The staff tease [person], have some banter with him, it's so important as he has a sense of humour".

All the staff we spoke with talked of their passion for supporting people and helping them to have the best possible day and experiences. For example, one staff member said, "The best bit about the job is being able to spend time with the guys, sit with [person] in the garden, you don't feel under pressure, it's more relaxed here, more rewarding". Another staff member said, "I love my job, it's the small bits, like [person] saying 'yes please'".

Staff understood the importance of supporting people to maintain positive relationships with those with whom they lived. For example, we observed that, where necessary, staff maintained clear boundaries in an attempt to avert behaviours which might challenge or to try and promote a harmonious living environment. House rules were in place and included rules such as being polite to one another and not going into each other's rooms. One staff member told us how one person used to scream rather than respond verbally to questions which had at times impacted on others. They explained that staff had successfully supported the person to learn how to say, 'yes thank you' and 'no thank you' and that this had meant they no longer felt the need to scream to express themselves.

The relatives we spoke with all very much felt part of their family member's life at the service and welcome at the home and invited to take part in special celebrations. For example, one relative told us, "We feel that 'In Chorus', as a "family based" service, works particularly well for [person] and us as parents. Residents get invitations to each other's birthday parties and to Christmas celebrations".

Staff consistently supported people in a way that maintained their independence. For example, we observed that people were encouraged to get involved in daily chores such as preparing elements of their meals, tidying their room or hanging out their washing. Staff had helped one person to develop skills in travelling more independently and had then tested this through shadowing them on journeys.

People were cared for with dignity and respect. Staff spoke with, and about, people in a respectful manner and people's support plans were written in a manner that was respectful of people's individuality. Staff were mindful of people's need for privacy and for some personal space, whilst at the same time encouraging them to spend some time outside of their room. People were not discouraged from expressing their sexuality in the privacy of their own room and sexuality care plans were in place.

Outstanding ☆

Is the service responsive?

Our findings

The feedback from relatives about the person-centred care and support being provided at Brightwater was exceptional. One relative told us, "We fought long and hard to successfully retain In Chorus as [person's] support group when Hampshire proposed their new framework. We continue to be very happy and most impressed with the service In Chorus provides". Another relative told us, "There is nothing they don't do well". A third relative said, "We fell on our feet, I can't believe we found it [Brightwater]". We asked this family member if there was anything that Brightwater could do better, they said, "No, only move closer to my home…they look after him far better than we ever did at home, he's achieved more than we could have imagined…I wish everyone had [person's] care". Feedback from health and social care professionals was also very positive. One healthcare professional told us staff were "Very knowledgeable and informed about people's health care needs. They certainly have achieved positive outcomes for the resident…They know their residents very well and when [person's] behaviour became difficult to manage put a very good plan in place to manage this…. I am not aware of anything they could do better".

People were very much at the heart of the service and staff and the registered manager and providers demonstrated a real commitment to help people reach their potential. We were told about many examples of how the support being provided was achieving positive outcomes for people. For example, a relative told us how one person had always suffered with poor dental health and had in the past needed to have teeth removed. They told us how they were surprised that staff had successfully been able to support the person to clean their teeth three times each day. We saw that staff had used social stories to help one person understand why their medicines were important to keep them healthy. They were now happy to take their medicines. The relative said, "[person] has come on leaps and bounds, they haven't given up…. it's all about [person], they always surprise me". A health care professional told us how they had been working with the registered provider to address particular needs of one person, they said, "We have had to cover quite complex areas of the Mental Capacity Act and how best staff can support [the person] achieve his wishes. [Registered provider] recognises the balance between optimising [person's] safety whilst working with him to achieve his outcomes". They went on to say, "[person] speaks highly of his staff team and appears happy…. [person] feels comfortable speaking with staff about very personal matters".

Staff also told us of improvements the support was achieving for people. For example, one staff member told us how one person's vocabulary had begun to increase and another person was much more accepting of support and less anxious spending time in the presence of others. This person's relative told us, "The only way he would be happier would be if he didn't see anyone, but he has learnt tolerance and this has been managed very well".

Staff found creative ways of helping people to adjust to environmental changes needed to help them keep well. For example, during the hot weather, one person's room was becoming too hot as they did not like their windows open. Staff wanted to introduce a fan, but the person was also sensitive to noise. They did however, enjoy massage and so the fan was introduced to the person as a form of 'air massage' and this enabled them to accept it, making their room more comfortable to live in.

A relative told us, "They [staff/provider] go above and beyond the call of duty, you couldn't find anywhere better". They told us how satellite TV was really important to their family member's mental wellbeing, but they couldn't afford it and so the provider had gone halves with them on the costs. They added, "[the provider] gives them all a birthday party, a Christmas party and a holiday". They explained how staff would stay up all night with their family member if they were going through a difficult time and had also supported them on many occasions too. They said, "It's amazing, and without profit as the end game".

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People living at Brightwater, although living with autism, were able to live as ordinary a life as any citizen and were given chances to expand their horizons, to get involved in new activities and to live a full a life as possible. We saw, for example, that one person worked at a local company. This person was also being supported to develop their skills with accessing the community independently and using public transport to effectively ensure they arrived at their job on time and returned to the service when expected. The person's relative told us, "They [staff] are doing very well, opening up a new world for him".

People also accessed the community for shopping and to visit restaurants or pubs. Other planned activities included swimming, golf, attendance at college and visits to family. One person told us, "[key worker] takes me to Winchester, bowling, MacDonald's and Eastleigh". Maintaining a connection with their local community in this manner helped to ensure that people avoided the risk of being discriminated against and helped to promote acceptance and understanding. People were supported to go on holidays of their choice, for example, staff had supported some people to go on a caravan holiday whilst another person who preferred to be alone chose to go to a hotel. For some people, taking part in activities of this nature was currently too challenging, but we were told by a relative that staff and the provider continued to try and find ways of supporting them in the best way possible, exploring as a team what new approaches might work to help improve their quality of life.

The support being provided to the person living in the community had also had a positive impact on their life. We were told how staff had worked hard over a period of some years to support them to effectively manage a range of conditions they lived with, which were having a negative impact on both their physical and mental health. The staff worked had explored innovative and person-centred ways in which they could support the person to be more independent in manging their day to day life. For example, the person, could spend significant amounts of time on one activity therefore limiting what else they could do during the day. The staff put in place a detailed schedule that enabled the person to track the time they spent on particular activities. A timer was also used to remind them when it was time to move on to another activity. This was proving to be very successful. The person was now living a fulfilling and active life. We met the person, they were clearly proud of their home and their life and of all the activities they were now able to take part in. Their relative told us, "[registered manager] and [registered provider] are involved in great improvements in his social skills and in looking after his flat. Outside he has joined a local disability social group and is excelling at archery. This has much improved his self-esteem".

People had very personalised support plans that contained clear guidance for staff on how best to support them. Very detailed information was available on the routines that were important to people. These provided guidance as to how the person liked to spend each part of the day and the level of support they would need. The care plans included information about people's likes and dislikes and preferred foods, important relationships and their life before coming to live at the service. This gave staff a comprehensive picture of the person they were supporting. People had care plans which described how they communicated and the things staff could do to help them express their wishes. Support plans included goals or targets that were aimed at developing the person's skills in a range of areas. For example, one

person had target guidelines in place in relation to how they should appropriately greet people, interact with staff, clean their toilet and use their fork to eat. It was clear from our discussion with them that the staff knew people really well and this helped to ensure that people received consistent care that was responsive to their needs. For example, one care worker, told us, "I've had breakaway training, but I never had to use it, we know how to diffuse situations, it comes with knowledge, we can see in them if they are not in a good mood".

Staff had taken steps to provide information to people in a way in which they could understand, allowing them to be as involved as possible in decisions about how their care was provided. For example, an easy read version of the house rules was available on the notice boards and individualised social stories using pictures and symbols were used to help people manage or understand certain situations they might encounter, such as the need to leave for activities at a specific time and sharing their home with others. Pictures were also available to help people indicate whether they might be in pain and need some medicine to help manage this. These actions helped to demonstrate that the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff maintained clear daily notes which recorded how each person had been, what they had eaten and what activities they had been involved in. These journals were written in a person-centred manner and captured how people were feeling and their emotional wellbeing. The records explored the person's progress toward their goals or targets. There was also a daily handover which helped to ensure staff all remained informed about any changes in people's needs. People had a designated keyworker who took the lead role in their care and was responsible for reviewing their care monthly. People and their families were involved in formal reviews on a six-monthly basis. The reviews were an opportunity to celebrate what the person had achieved over the last year, but also to discuss anything that wasn't working so well. These systems and processes all helped to ensure that each person's support plan remained purposeful and relevant.

All the relatives we spoke with were confident that they could approach staff or the registered manager with any concerns and that these would be dealt with. For example, one relative said, "We feel free to raise any concerns about [person] and that they would be considered, discussed and hopefully resolved". The registered manager used complaints or concerns to understand how they could improve or where they were doing well. There had been one complaint in the last 12 months. The registered manager had investigated and responded to this appropriately.

None of the people using the service were receiving end of life care. Their wishes in relation to this had, however, begun to be explored. For example, people had been given the opportunity to talk about what music they would like played at their funeral and what colour they would like people to wear. This will be developed as necessary to ensure that people have every opportunity to make decisions about their end of life care in a way that takes into account their individual wishes.

Good

Is the service well-led?

Our findings

The registered manager and provider had created a clear person-centred culture within the service which was underpinned by the organisation's values which included maintaining people's dignity, privacy, independence, their right to be treated as any other citizen, be given choices, be fulfilled and receive a good quality of care. Our inspection, and the feedback we have received since, has indicated that people do receive care that is in keeping with these values and it was evident that people were at the heart of the service. A staff member said, "I like the way they look after the residents here, they are very attentive and well cared for". Another staff member said, "It's all about the clients for [the providers]". They pay for the Christmas party for us all, client, staff and relatives, there's a disco, awards, everybody wins, it's all done from their own pocket, they are such a commendable company, profit is a secondary thing with them".

People, their relatives and staff were positive about the registered manager and provider. One person said, "She [registered manager] does a good job". A relative told us, "[registered manager] is the best manager ever, I take my hat off to her, she knows the residents inside out and how to get the best out of them, she has had [person] in fits of laughter, she's never given me any concerns and knows what is best for [person]. A staff member said, "[registered manager] is a very good manager, one of the best" and another told us that the provider was, "A very nice guy…always has time to listen". One of the provider's spent a lot of time working with the person living in their own home. Staff spoke of them as being "Very involved" and "very good with [person]".

The providers of the service also continued to be very involved in the day to day running of the service and took an active role in the provision of people's care. This helped to ensure that they had oversight of how the service was operating, but also a continued involvement in the day to day lives of the people they provided a service to.

We observed an effective working relationship between the registered manager and staff. The staff we spoke with generally felt well supported by the registered manager and told us that morale and team work was good. Weekly staff meetings were an opportunity for staff and the registered manager to talk about new policies or procedures and discuss issues affecting people using the service. One staff member told us, "You can talk about everything, bring anything to the table".

House meetings with people were also held weekly. These meetings were chaired by people and were an opportunity for them to influence decisions about a range of areas including the food and activities. A staff member told us, "They [people] decide the agenda and can say whether they have any complaints, they can say what they want to change". The provider had systems in place to gather the views of people, their relatives and health and social care professionals about the care provided and were using this to drive improvements. Surveys were undertaken on a regular basis. The feedback from the recent surveys had been positive. Comments from family members included, 'Staff are well chosen and trained to meet [person's] needs' and 'We're really lucky that [person] is with In Chorus'.

The registered manager maintained an annual tracker of all incidents, accidents, complaints and

safeguarding concerns. This noted any significant findings but also helped them to check for any themes or trends that might need further action or additional monitoring to be put in place. This helped to drive improvements within the service. The tracker was shared with the provider which helped to ensure that they too had an oversight of any risks or concerns within the service.

There were systems in place to assess and monitor the quality and safety of the service. Staff undertook a range of audits throughout the year which included aspects of the health and safety arrangements within the service, medicines and infection control audits. Clear action plans were produced as a result of the audits and records showed that required actions were completed. The registered manager and provider were proactive at making changes if this improved the service people received and throughout the inspection and any recommendations we made were acted upon promptly, showing a commitment to quality and to ensuring that people were receiving the best care possible.