

# Together for Mental Wellbeing

## Cliddesden Road

### 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 26 and 27 April 2017. Cliddesden Road provides accommodation and personal care for up to seven adults who have a mental health diagnosis, with associated physical and psychological support needs. People are supported to reach their potential, moving towards independent living and social inclusion within the community. The provider believes that people experiencing mental distress can direct their own journey towards improved mental health and to living independent, fulfilling lives. The provider refers to this concept as the 'Together Progression Model' and services providing this care and support as 'projects'.

The home is a large Victorian house with three floors, comprising seven large bedrooms with a bathroom on each floor. The staff office and spacious communal areas are situated on the ground floor, with a staff sleep in room on the top floor. This is a bedroom used by the night staff who sleep at the home overnight. There is a communal TV lounge, dining room and kitchen and a quiet sensory room on the first floor. To the rear of the house is a large garden and patio, together with a small enclosed courtyard to the side of the house, which currently houses a table tennis table.

The service had a registered manager in place. 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. Since our last inspection the registered manager had also become the registered manager at another service within the provider's care group. Two deputy managers had been appointed to support the registered manager.

People were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. The registered manager and staff protected people from harm by identifying risks associated with their support and managing these effectively.

Staff underwent robust pre-selection checks to assure the provider they were suitable to support people with mental health needs. The registered manager ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. People's medicines were administered safely by staff who had completed safe management of medicines training and had their competency to do so assessed.

Staff had the appropriate knowledge, skills and experience to carry out their roles and support people effectively. Staff had completed the provider's induction programme and completed their required training. The management team completed six weekly supervisions, annual appraisals and held regular staff meetings. Staff received effective supervision, appraisal and support to carry out their roles and responsibilities.

People were supported by staff who understood the principles in relation to the Mental Capacity Act (2005)

and Deprivation of Liberty Safeguards. Consent to people's care was always obtained in line with legislation and guidance and staff enabled and supported people to make their own decisions.

People were supported to have enough to eat and drink and to maintain a healthy, balanced diet.

Staff were alert and responsive to changes in people's needs and ensured people accessed health care services promptly when required. People were supported to maintain their mental health and well-being.

People consistently valued their relationships with the staff team and felt that they often went 'the extra mile' for them. Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. The project had a strong, visible person centred culture and was exceptional at helping people to express their views so they understand things from their points of view. Staff were exceptional in enabling people to become and remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity.

People received personalised care that was tailored to meet their individual needs. Staff responded effectively to meet people's changing health needs. Staff promoted people's confidence and independence to empower them to live their lives as they wanted. There were processes in place to seek feedback from people, relatives and supporting health and social care professionals about the quality of the service. Complaints were managed in accordance with the provider's policy.

The registered manager and management team had developed an open, positive culture within the project, which was person centred, inclusive and empowering. Staff demonstrated a well- developed understanding of equality, diversity and human rights in the day to day support they provided for people. The registered manager and deputy managers demonstrated good management and leadership. Staff demonstrated a clear understanding about their roles and responsibilities and how they related to other stakeholders. Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. The registered manager consistently recognised, encouraged and implemented innovative ideas and strategies to drive a good quality service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. Risk assessments were created to protect people from harm whilst promoting their independence.

Sufficient suitably qualified staff were deployed to meet people's needs safely.

People's medicines were administered safely by staff who had completed safe management of medicines training.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision to enable them to effectively meet people's assessed health and care needs.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent and mental capacity.

People were encouraged to maintain a nutritious, healthy diet and identified dietary needs were managed effectively.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People consistently valued their relationships with the staff team and felt that they often went 'the extra mile' for them.

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this.

The service had a strong, visible person centred culture and was exceptional at helping people to express their views so they

understand things from their points of view.

Staff were exceptional in enabling people to become and remain independent and had an in-depth appreciation of people's diverse individual needs.

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

**Good** ●

The service was responsive.

People received personalised care that was tailored to meet their individual needs. Staff responded effectively to meet people's changing health needs.

Staff promoted people's confidence and independence to empower them to live their lives as they wanted.

Complaints were managed in accordance with the provider's policy. People were provided with information about how to complain, which was accessible and in a format of their choice.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager and management team had developed a positive culture within the service, which was person centred and empowering.

The registered manager and deputy managers demonstrated good management and consistently recognised, encouraged and implemented innovative ideas and strategies to drive a good quality service.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team.

# Cliddesden Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 inspection took place on the 26 and 27 April 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

During the inspection we spoke with five people who used the service, the registered manager, two deputy managers, four regular staff, one member of bank staff, the provider's operational development manager and the provider's peer support coordinator.

A peer group support meeting was held on the first day of our inspection. We spoke with the peer group support coordinator who was not employed by the provider but had recent experience of using the service and had progressed into independent living. We also spoke with two people who had moved on from the service as part of their progression but still visited regularly as part of their continued support.

We reviewed each person's support plans and medicines administration records (MARS). We looked at five staff recruitment files, four agency staff profiles, the induction process for new staff, training and supervision records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service. During the inspection we spent time observing staff interactions with people.

Following the inspection we spoke with three people's relatives and nine health and social care professionals, including psychiatrists, community psychiatric nurses, specialist nurse practitioners, social workers and care commissioners.

This service was last inspected on 14 October 2014 where no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe living at Cliddesden Road because they trusted staff who had their "best interests at heart". One person told us, "It has saved my life coming here. They [staff] know about my problems and are always there for me." Another person told us staff "are helping me get to where I want to be. They know when I'm not well and what to do to help me get better." Another person told us, "When I am worried about anything I talk to [the registered manager] who always looks after me and keeps me safe."

People were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. Staff had completed the provider's safeguarding training and were able to demonstrate a clear understanding of their roles and responsibilities, including reporting concerns to external authorities. People and staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. There had been no safeguarding incidents notified to the CQC since the last inspection.

The registered manager and staff protected people from harm by identifying risks associated with their support and managing these effectively. Records documented the type of risk a person could experience together with early warning signs which could indicate the risk to the person was increasing and the ways in which a crisis could be avoided or managed. Each person had a detailed "Barriers to Safety" risk assessment. This focused on different aspects of their daily life, including social risks; potential for neglect; physical and medical risks; suicide and self-harm; substance misuse and other risks to the person, for example; the risk of exploitation by others. People and their keyworker jointly developed a risk management plan which they reviewed monthly. A keyworker is a member of staff appointed to focus on the support needs of a particular individual. Staff knew the particular risks associated with the people they supported and were able to discuss how they would care for people safely. Risks to people's health and welfare were understood and managed safely by staff.

Risk assessments were created to protect people from harm whilst promoting their independence. For example some people had risk assessments to support them to work towards being able to self-medicate safely, as this was a frequent requirement to move into independent living accommodation. People who had experienced panic attacks and seizures had risk management plans to enable them to access the community safely, whilst others had risk management plans to protect them from the misuse of drugs and alcohol. We observed staff supporting people in their everyday lives in accordance with their risk management plans which minimised the risk of harm to them and kept them safe.

Where required, people were supported to manage their finances and were protected from the risk of financial abuse by staff. We observed transactions where staff adhered to the provider's financial management and recording processes. People could access their money at any time and were supported by staff to ensure they were not subject to financial abuse.

There were plans to protect people in the event of an emergency and the provider's business plans ensured continuity of care to reduce the disruption to people and staff. Guidance was provided to ensure people's



safety in a variety of situations which could affect the environment, such as fire, flood, vandalism, burglary or failure of public utilities. The provider had arranged for alternative accommodation at other services within the care group if required in an emergency. People's records contained emergency evacuation plans and 'hospital passports'. These documents contained essential information to ensure health professionals had the required information to be able to support people safely, for example; their prescribed medicines. Staff had access to all relevant information, which health professionals could consider and act upon in an emergency to keep people safe.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment such as extinguishers and alarms, were tested regularly to ensure they were in good working order. The registered manager had conducted regular fire drills to ensure people's safety in the event of a fire. The staff monitored general risks, health and safety and maintenance needs as part of their daily work. Other premises checks were carried out, for example; legionella risk assessments and annual portable electrical equipment checks. Records confirmed that maintenance staff attended promptly when contacted by staff to repair damage which may cause risk to people and others visiting the home. People were protected from environmental risks within the home.

Accidents and incidents were recorded and reported to the Care Quality Commission where required and to the provider's operational development manager (ODM). Where appropriate the ODM would develop an action plan to be implemented by the registered manager, for example; A recent serious incident which involved a 'near miss' led to all individual risk assessments linked to fire safety being reviewed and new procedures being implemented.

The registered manager ensured all incidents were reflected upon during shift handovers and staff meetings to ensure necessary learning was shared as soon as possible. When individual risk was particularly high a weekly report was completed for the information of the provider. The provider held monthly risk panels which reviewed the management action of serious incidents and provided guidance to services on complex risk mitigation. People were kept safe because the provider proactively reviewed all incidents and took action to reduce the risk of a future recurrence.

Staffing levels were based on the dependency levels of the people using the service at any one time. On the days of our inspection there were two staff working during early shift and two staff during the late shift, with one member of staff sleeping on the premises at night. The day shifts were normally staffed by one deputy manager. The registered manager also had responsibility for another service in the Basingstoke area and would usually be present at the service which was managing the most risk at the time. If the registered manager was not at Cliddesden Road they were contactable on call via telephone. The registered manager told us at the time of our inspection the identified risks and dependency were low but due to the nature of the needs being supported this could change quickly. If there was an increase in people's dependency and the associated risks, the registered manager was authorised to increase staffing levels to ensure people, visitors and staff were safe. Rotas we reviewed confirmed staffing levels had been increased when people were in crisis and required more support with their mental health needs. Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely.

We observed there were sufficient staff on duty during our inspection who were available when people needed them. People told us there were always enough staff to support them whenever they needed help or advice. Staff told us there were usually enough staff on duty and they were able to call the registered manager if additional staff were required in the event of unforeseen circumstances, such as staff illness. Sufficient staff were deployed to meet people's needs safely.

The registered manager told us there had been a reorganisation in December 2016 by the provider which involved Cliddesden Road and another home within the care group. This had a significant impact on the stable core staff group at Cliddesden Road which had been addressed with the recruitment of new staff. All of the new staff had a lot of previous experience working in different environments supporting people with mental health needs. However they told us when they first arrived they were not confident because they did not know the people they were supporting or the service processes and procedures. Staff told us this did not have an impact on the quality of support people experienced mainly because of the dedication of the registered manager who was always available.

Staff had undergone robust pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Gaps in prospective staff employment histories had been explored and evidence of their conduct in previous employment had been sought where they had worked with vulnerable adults. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

People's medicines were administered safely by staff who had completed safe management of medicines training and had their competency to do so assessed. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

People's preferred method of taking their medicines, and any risks associated with their medicines, were documented. Staff explained how people's moods sometimes affected their willingness to take their prescribed medicines and how they tried to administer them later if initially declined. People were supported to take their medicines safely. Where people were prescribed medicines there was evidence within their health action plans that regular reviews were completed to ensure continued administration was still required to meet their needs.

Where people took medicines 'as required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. The home's medicines lead completed a weekly stock check of all medicines and the registered manager completed a monthly medicines audit. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People had medicines risk assessments to manage the risks associated with the use of their medicines. People's medicine administration records had been correctly signed by staff to record when their medicine had been administered and the dose.

## Is the service effective?

### Our findings

People told us that the registered manager and staff assessed their needs with them to make sure the project could support their needs effectively, which records confirmed. People told us that staff had the appropriate knowledge, skills and experience to carry out their roles and support them effectively. One person said, "Coming here has been life changing because the staff are really tuned in to how I'm feeling and they know just what to do and when to do it to make me feel calm and stop panicking."

Staff had completed an effective induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn people's specific mental health needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively.

A new staff member told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively, which was enhanced by an experienced colleague who was appointed as their 'induction buddy'. The staff member told us their 'induction buddy' supported them to settle into their role and were an invaluable resource for getting to know people and the project's processes and procedures. The registered manager had linked the induction programme to the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are expected to achieve nationally.

New staff completed the provider's induction programme and completed their required training in relation to fire safety, first aid, safeguarding adults, medicine administration, infection control and health and safety. Records confirmed that the provider's required training was up to date or had been scheduled to be refreshed. This meant the provider had ensured that staff had been enabled to attain and maintain the necessary skills and knowledge to support people effectively. Where necessary staff competencies had been assessed before they were able to carry out certain tasks without supervision, for example medicines administration.

The registered manager supported staff development and enabled additional training to support the specific needs of people, for example; therapies to support people's behaviour, self-harm and drug and alcohol misuse. Staff we spoke with felt they had the necessary training needed to support people effectively. The registered manager told us staff were trained to enable them to work together with local mental health teams to effectively implement strategies for different people. Mental health and social care professionals confirmed that staff demonstrated sound knowledge and practical understanding of people's support needs whilst involved in planning, developing and implementing their individual recovery strategies.

Staff told us they were well supported by the registered manager who was available 'at any time night or day' to provide guidance and advice. The registered manager encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's mental health needs. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where

required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff were enabled to discuss their roles and request further support or training they required to enhance their development. The deputy managers had recently completed leadership courses to enable them to conduct supervisions, which they would be responsible for moving forwards. One of the deputy managers had been seconded to Cliddesden Road from another project to enhance their leadership and supervisory support skills which demonstrated the provider's commitment to support staff with their personal development. Staff had annual appraisals where individual achievements were recognised and future ambitions were discussed. Staff received effective supervision, appraisal, and support to carry out their roles and responsibilities.

The management team held monthly staff meetings and weekly senior staff meetings to discuss issues and ideas to support people. We reviewed minutes of staff meetings which reinforced training and best practice, for example; The implementation of learning from medicine administration errors. These minutes also addressed concerns raised by staff and recorded the advice and guidance provided by the management team.

People's rights to make their own decisions, where possible, were protected and consent to people's care was always obtained in line with legislation and guidance Staff had received training in the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. 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 were being met. We found the staff were working within the MCA. Staff made sure they enabled and supported people to make their own decisions. There were no Deprivation of Liberty Safeguards authorisations in place at the time of our inspection. At the time of our inspection concerns had recently been raised in relation to the mental capacity of one person. We reviewed the circumstances relating to this individual and found the registered manager had proactively engaged with the person's care manager, supporting mental health professionals and family to ensure their human rights and best interests were protected.

People told us they had enough to eat and drink and they were involved in planning the menus, which they prepared themselves or were supported to do so, when required. Some people living at the project had personal goals to progress to be able to live independently on their own. We observed these individuals prepare their own meals in accordance with their progress towards independence support plans. People told us how they were also supported to manage their budget and went shopping to buy groceries such as meat and vegetables of their choice.

At the time of our inspection one person was identified to be at risk of malnutrition, and staff had taken appropriate action to support the person to manage this. Some people had healthy eating management plans to support them to moderate their intake of identified unhealthy food and drinks. Where required people's weight was monitored and action taken if they were not maintaining weight, or gaining weight, such as seeking guidance from a dietician. Some people had their food intake recorded and monitored to ensure they were eating enough. People told us they regularly discussed how to maintain a healthy diet with

their key workers.

People were supported to maintain good health because staff made prompt referrals to relevant healthcare professionals when required, for example; on the day of inspection one person was supported to provide a blood test in relation to a recently diagnosed illness. We observed staff support a person with pain relief and also to make an appointment to see their GP. We reviewed records which demonstrated how staff had effectively supported people to visit their GPs, psychiatrists, community psychiatric nurses, physiotherapists, dentists and opticians. Any existing medical conditions were monitored and managed in accordance with advice from the relevant healthcare professionals.

Each person had a health action plan which supported people to 'stay well'. These plans covered a broad range of topics including managing anxiety, maintaining a healthy lifestyle through good diet and exercise, and developing working and social support networks. People were encouraged and supported to write their own individual plans or were supported where appropriate by their keyworker. These plans were treated as 'live' documents and were updated as people achieved their goals and progressed towards more independent living.

## Is the service caring?

### Our findings

People consistently told us they valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result they feel as though they really matter. For example we spoke with one person who had progressed to independent living just before our inspection but was still receiving support through the transition. They told us their main ambition in life was to move into independent living and their dream was to watch their favourite football team play at their famous ground in another part of the country. We reviewed the person's support plans which detailed an incremental plan including steps to improve their mental wellbeing and confidence within the community. The person told us how staff had supported them to use public transport and visit events in the local community, which then progressed to a visit by train to look around a famous historical ship, thereby achieving another personal goal. Each step recorded an improvement in the person's mental wellbeing and confidence to venture out into the community and to be part of a crowd.

This person told us, "I couldn't have done it without [named staff]. They are very special because they listened to me and then helped me every step of the way, especially when I thought I couldn't do it. I'm now living the life I want." This person's relative praised the registered manager and staff. They told us, "I cannot praise them enough. They've worked wonders with his confidence. Before he went to Cliddesden he just wouldn't go out. I didn't believe he would ever be able to move into his own flat. They definitely go out of their way to make people's dreams come true." The determination of staff to go the extra mile to support this person ensured their mental health needs were met and their ambition to move into independent living and their dream to watch their favourite football team were realised. The provider had financially supported these plans with a grant applied for by the registered manager. Staff were exceptional in enabling people to become and remain independent

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. This often required innovative strategies to develop people's confidence on a step by step basis. For example, one person with a mental health diagnosis was being supported in relation their misuse of alcohol as part of their goal to move towards living independently. Staff identified with the person that one of the main triggers for their use of alcohol was to remove social inhibitors due to a lack of confidence, low self- esteem and severe anxiety. The person also identified that their lack of confidence was also an obstacle to achieving their personal goals in relation to living independently and singing in a band. Staff and the person devised a progress plan to improve their confidence, which involved their passion for music. The person had two friends who played the guitar, one who lived at the project and one who had progressed into independent living. As part of the person's progress plan staff arranged for them to play live music for two hours a week at the project, with a view to performing at an 'open mike' night. At this time staff supported another person who did not like noise to engage in another activity so they were not distressed. The registered manager had obtained a grant from the provider and was in the process of arranging time for the person and his friends to use recording facilities at a local college. The person and his friends kindly allowed us to observe some of their music session which all three musicians clearly enjoyed.

We spoke with the person after they had finished playing. They told us, "Coming here was the best thing that could happen to me. Before I would be in town, become really nervous and have a panic attack so nothing could calm me down. I used to feel suicidal every day but now it feels like all the storm clouds are lifting and I can see the sun again, and that's all down to the staff." The person told also told us, "I'm in a much better place because they've given me a purpose and goal to aim for and my confidence is so much better."

A community mental health professional told us, "I don't think the service could get any better. I know they have to comply with regulations but their approach is so creative and as imaginative as possible."

The provider also gave people the opportunity to gain the benefits of peer support. Peer support takes place when people with experience of mental distress support each other towards better wellbeing, as people of equal value and on a reciprocal basis, using their own lived experience as a tool for support. Lived experience is used to describe someone's own experience of mental distress. The provider trained people to act as peer supporters and provided the infrastructure they need to deliver this support safely and confidently. This included supervision and support from a paid peer support coordinator who themselves has lived experience of mental distress. Peer support can be delivered on a one to one basis or in a group.

During our inspection a peer support meeting was held at the project. After the meeting we spoke with the person who had provided the peer support and two people from the project who had attended the meeting. The peer supporter told us how they had completed comprehensive training by the provider's support group coordinator to equip them to facilitate meetings. The peer supporter told us how they were able to offer an insight and understanding to help others, drawn from their own experience of mental distress. They told us how their training and providing support to others had had a significant positive effect on their own confidence and ability to manage their own mental health.

The two people living at the project told us the support they received from such meetings was an extremely effective complement to the outstanding support given by the staff at the project and other mental health professionals. One person told us, "It's a bit like a safety net. It's easy talking about things to [name of peer supporter] because they know what you're going through."

People living at the project who had engaged with peer support told us it had played a significant part in their progress to achieving their individual goals, had improved their social life and made them feel more hopeful about the future. This demonstrated the project had a strong, visible person centred culture and was exceptional at helping people to express their views so they understood things from their points of view.

People consistently told us that staff treated them with dignity and respect, which we observed during practice. One person not previously referred to said, "Let me tell you [registered manager] is the most dedicated conscientious manager I have ever met. He is very special and puts everyone here first and will do everything he can to support you." The person continued, "I do not know how I would have coped without him and the staff." Another person told us, "The staff here are so kind and patient. They all have a good heart and make you focus on the positive not the negative."

Staff respected people's dignity and privacy. They explained how they respected people when supporting them with personal care. This included keeping doors closed to preserve people's privacy, giving people choices and asking permission, which showed they respected people's individuality and rights. One person told us how staff respected their right to privacy while bathing but sometimes, due to their own fluctuating mobility, responded immediately if they required support. Health and social care professionals thought staff service promoted people's independence and respected their privacy and dignity.



People told us they were supported to express their views and were involved in making decisions and planning their own care, for example; simple decisions like when they wished to get up and more significant decisions if they wished to change their support plans.

Staff were able to demonstrate how people's views were listened to and acted upon, for example; One person experienced significant pain due to a historic back injury. We observed staff support the person compassionately with their own pain relief regime which also included taking hot baths at unusual times. The person also wished to be involved in recording the pain relief medicines taken for their own information, in addition to the project's records, which staff had facilitated.

We observed people having discussions with staff and making suggestions on the level of support they needed to manage their own care. We found that staff listened to people attentively and provided advice in a way that they understood, which often meant ensuring the person was focused on them and checking they had understood correctly.

Staff told us they had received training in equality and diversity and understood the importance of respecting people's individual needs in relation to their age, disability, gender, race, religion or belief and sexual orientation. We observed staff consistently support people to meet their diverse individual needs in a caring manner, which often made them smile. One person living at the project who experienced difficulty communicating when they were anxious had been an active member of their local church community prior to their diagnosis. During a discussion about their feelings and mood the person told their keyworker how they found going to church to be a spiritual and uplifting experience. The keyworker then supported the person to develop a plan to develop links with a local church community. We reviewed records which detailed the person's progress with an introduction to the local clergy and visits to church services. The person told us they enjoyed visiting the church because it made them feel calm, less anxious and made them feel happier. Monitoring of the impact of these visits highlighted a significant decrease in the person's anxieties which allowed them to communicate their thoughts and wishes more easily to enable staff to improve the quality of their care. Staff consistently demonstrated an in-depth appreciation of people's individual diverse needs, for example; their spiritual and religious needs.

Staff had a good understanding of the needs of the people they were supporting and were aware of their preferences and personal histories. We observed staff had good knowledge of what was important to each person using the project and the individual goals they were working towards. Staff consistently communicated with people and provided support in accordance with their support plans.

Each person had a plan which focused on their wellbeing and enabled staff to monitor people's moods and explore how people were feeling. If a person was continuously in a low mood, staff would speak with the person and with their consent make a referral to their relevant mental health professional. People had a weekly one to one meeting with their keyworker, or more frequently when required. This enabled them to discuss their care and welfare needs and staff to identify and provide the appropriate support required.

Staff told us that people were enabled to access the services of an advocate to speak on their behalf, although nobody at the time was currently supported by an advocate (An advocate is appointed to speak on behalf of people living in the community with their permission.) We saw that information on how to access the service of an advocate was clearly visible, displayed on the project's notice board.

People's right to confidentiality was protected. All personal records were kept locked away and were not left in public areas of the project. This ensured people's personal information was only accessed by those authorised to do so.



## Is the service responsive?

### Our findings

Before moving into Cliddesden Road people were given the opportunity to visit the project to enable them to meet staff and discuss the type of support provided. One person who had experience of alternative services told us, "I realised that this was definitely the place for me because of the way staff support you to live your life the way you choose, while working towards your own goals."

Health and social care professionals visiting the service told us the registered manager and staff were focused on providing person centred care and it achieved good results.

People's care and support was planned proactively in partnership with them. People told us they received responsive, personalised care which placed their needs and goals at the heart of the service. One person told us, "The staff are very good at talking things through with you so you that you make decisions about what you want rather than just going along with whatever is suggested." Another person said, "The staff are great at building your confidence to make your own decisions and encourage you to be involved so you are always moving towards your own goals."

People's likes, dislikes and how they liked to do things were discussed with the person then included in their progress support plans. Each progress support plan was based on an assessment of the person's needs completed by the registered manager or deputy manager before the person moved to the project. Once the person had moved into the project people continued to develop their progress support plans, together with their keyworker in weekly meetings. People told us they could speak to their keyworker at any time to discuss their progress support plans. Support plans included information on maintaining people's health, their daily routines and how to support them emotionally. The support plans enabled people to set their own goals and record how they wanted to be supported. This meant staff had access to information which enabled them to provide support in accordance with the individual's wishes and preferences.

Progress support plans were individualised and included things that were important to the person in their life. All such plans were up to date and demonstrated that people were fully involved in developing their progress support plans and setting their short and long term goals. People told us about the different areas they were working and how staff consistently made them feel confident in their ability to achieve their personal goals.

People were encouraged and supported by staff to manage all aspects of their life as part of their recovery and their work towards more independent living. People told us they were able to make choices about their day to day lives and staff respected those choices. We saw people being offered choices about social activities and how they spent their time. Staff patiently explained choices to people and took time to answer people's questions. On the first day of inspection one person was supported to prepare for a solicitors meeting with their family to discuss matters relating to a power of attorney. We observed staff support the person compassionately with their anxieties and offer to support the person at the meeting, which they graciously declined. Two other people had gone to work as part of their progress moving towards independent living, whilst another one was preparing to meet their community mental health care manager.

Two other people were initially in their rooms and staff sensitively engaged with them in accordance with their progress support plans in relation to the misuse of drugs and alcohol.

We observed that people were comfortable approaching staff for advice who consistently responded in a friendly and helpful manner. When staff were approached for help we observed people were consistently guided and prompted to find the answers and solutions themselves, thereby promoting their independence and promoting a sense of achievement.

The registered manager told us staffing levels were planned around people's activities to ensure they could be as active as possible, for example some of the people had recently developed progress support plans to develop their physical fitness. Some people had recently used the provider's support fund to arrange visits to a local gymnasium, whilst other people had taken up tennis and badminton.

People had good links with the local community and made use of all the local facilities including leisure facilities, restaurants and pubs. There was a community notice board in the hallway with information for people about local social activities, clubs, events and group activities. People living at the project and staff posted information on this board from other projects within the provider's care group in case anyone would be interested in an upcoming event, for example; a pool competition with other projects. Building work at a neighbouring premise had created an enclosed courtyard at the side of Cliddesden Road which the registered manager filled with a table tennis table. We observed people frequently playing table tennis together during the inspection. One person told us how they had recently enjoyed a table tennis competition against other projects in the Basingstoke area. Weekly groups were held at the project covering a range of interests, for example; music, gardening, nutrition, psychology, cookery and films. People were supported to develop and maintain relationships with people that mattered to them and to avoid social isolation, for example; one person had arranged to meet family members during our inspection.

People told us they were happy to approach any member of staff if they were not happy with something. They said that staff always listened to their concerns then did something to resolve them. People told us they had not had reason to complain but were confident any complaint would be dealt with appropriately. The home had a complaints procedure and any complaints made were recorded and managed effectively in accordance with the provider's policy. In the previous year there had been one complaint, which had been investigated and addressed by the provider to the satisfaction of the complainant. The complaint related to the behaviour of a person using the project who wrote a personal letter of apology to the person raising the issue. People had been provided with a copy of the provider's complaints policy in a suitable format to make people aware of the process. People and relatives told us they had no reason to complain but would know how to if necessary.

People told us the registered manager and staff were always seeking their feedback about how to improve the project. In addition to weekly keyworker and formal monthly reviews people's feedback was also sought in regular satisfaction surveys. The results of these surveys were overwhelmingly positive and the analysis of the responses was displayed on clearly visible posters on the project noticeboard. Two people identified concerns about moving on in the future which the registered manager had addressed by providing reassurance in people's progress support plan reviews.

# Is the service well-led?

## Our findings

The registered manager and management team had developed a positive culture within the project, which was person centred and empowering. The provider believed that people experiencing mental distress can direct their own journey towards improved mental health and to living independent, fulfilling lives. The provider had a clear vision, set of values and a mission statement published on their website explaining how they embedded their philosophy.

The provider's philosophy and values were evident throughout the project and were clearly understood and supported by staff. Staff consistently said they encouraged people to promote their own independence at their pace to enable them to move on to independent living. We observed staff demonstrate a well-developed understanding of equality, diversity and human rights in the day to day support they provided for people.

People and staff told us that there was a positive, open and inclusive culture at the service. Each individual told us the registered manager was an excellent communicator both with people living at the project as well as staff and was responsible for creating a friendly, supportive atmosphere. One person told us the manager "is top drawer. Whenever you need him he appears and he is unflappable, no matter what is happening." People told us the registered manager was approachable and always made time to listen to them and took action when required. Staff consistently told us the registered manager was extremely supportive and readily available. One staff member told us, "He [the registered manager] is a fantastic supervisor. He just has this calming influence on everything around him. Even when he's raising performance issues he does it so seamlessly." The registered manager told us that they had concerns recently when a number of highly skilled members of staff had sought career development elsewhere. However, these concerns had been allayed by the wealth and diversity of experience possessed by recently recruited staff in supporting people with mental health needs.

Staff felt the project was well managed and said they were encouraged to make suggestions to drive improvement. Staff told us they were able to question care practice and were confident that they would be listened to. For example, new members of staff had recently raised concerns regarding some medicine management practices and had suggested other measures which had been implemented.

During our inspection we observed the registered manager and staff communicating with people in an open and transparent manner. People frequently visited the registered manager and staff to discuss problems or just for a social chat. We observed people were listened to and treated with respect.

Health and social care professionals told us they experienced good communication with the registered manager and staff who were always open and honest. Relatives told us staff always knew what was happening in relation to their family member whenever they called or visited. A healthcare professional told us the registered manager and staff had achieved progress supporting people towards their goals and recovery of their mental well-being by effectively supporting people in accordance with their advice.

The registered manager and deputy managers demonstrated good management and leadership. People and staff told us the registered manager was highly visible, always portrayed a positive image of the project and the people it supported and was an excellent role model. Staff demonstrated a clear understanding about their roles and responsibilities and how they related to people, other colleagues, the management team and supporting health and social care professionals. Staff told us they felt valued by the registered manager and were fully aware of what was expected of them to ensure people received the support they required. Throughout the inspection we observed a good team spirit, where staff communicated effectively and worked well together to ensure people received high good quality support.

There was a registered manager registered with CQC to manage Cliddesden Road. The registered manager had notified us about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Where notifications detailed action the provider intended to take to make improvements we checked to confirm this had been completed. Staff were clear on the management systems in place and felt the managers were approachable and readily contactable.

Incidents and accidents were recorded and responded to appropriately by the registered manager. Records demonstrated that adverse incidents and near misses were investigated where necessary action was taken to prevent a further occurrence, for example; incidents relating to fire safety.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. Senior managers and the registered manager completed a series of quality audits including care files, health and safety, fire management and maintenance. Action plans were developed following each audit and monitored during the next visit to ensure continuous development and improvement, for example; a recent audit identified some support plans and risk assessments needed to be updated. We checked to confirm these actions had been completed by the target date.

The registered manager consistently recognised, encouraged and implemented innovative ideas and strategies to drive a good quality service, for example; embedding the 'Progress Together' and peer support strategy, and promoting the projects strategy to encourage people to lead on their own imaginative and individualised progress planning.

The 'Progress Together' strategy of personalised support in a residential setting was funded by the Department of Health and adopted by the Cliddesden Road project in 2013. The implementation of Progress Together at Cliddesden Road and other projects was subject to an independent three year evaluation, completed in 2016. The evaluation showed significant positive improvements in relation people's mental wellbeing and health promoting lifestyle activity.

The peer support coordinator told us the peer support strategy at Cliddesden Road had been proactively encouraged and supported by the registered manager. An independent evaluation of the strategy found people who had taken part in the peer support process had experienced improved confidence as a result and felt more in control and able to manage their mental health. The evaluation also found that peer supporters trained by the provider experienced similar benefits, including an improved social life and support network which made them feel more hopeful for the future. These findings mirrored the experience of the people and peer supporter involved in the process at Cliddesden Road at the time of inspection. Whilst the benefits of peer support have been recognised and implemented by other services the provider had additionally set up an infrastructure so people could manage their own peer support, facilitated by people with lived experience.

People consistently told us the registered manager was an inspiration to them whilst supporting them to develop their own ideas about how to achieve their personal goals. Two people told us how the registered manager had effectively guided them to take the lead in developing their own progress plans in relation to their education and employment opportunities and promoting their independence.

Records were stored securely and in an organised way which meant staff could access information easily. Reviews of care plans and assessments were completed in accordance with the timescales stated and information was clearly presented. Staff maintained detailed records of support which were easy to cross reference to access information. Records relating to the management of the project were well maintained and current policies and procedures were available for staff to refer to.