

# New Directions Flexible Social Care Solutions Ltd Woodhurst

## Inspection report






88 Woodhurst Avenue  
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Hertfordshire  
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## Ratings

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

# Summary of findings

## Overall summary

The inspection of 88 Woodhurst Avenue took place on 28/09/2017 and on the 3/10/2017 we obtained feedback from peoples relatives. The inspection was undertaken by one inspector. The inspection was unannounced. 88 Woodhurst Avenue provides accommodation and personal care for up to six people who have autism spectrum disorder and or mental health conditions. At the time of our inspection six people were living at the home.

At the last inspection on 03 November 2015 the service was rated good in all areas. At this inspection we found that the service demonstrated excellent outcomes for people who used the service.

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

People told us they felt safe living at the home. Staff were knowledgeable about people`s conditions, possible triggers and were able to promptly identify changes in people's needs. Staff were proactive in observing and supporting people and deescalating potentially risky situations.

There was an embedded safety culture at the home where people were involved in developing policies and procedures and safety protocols together with staff. Staff discussed risks with people and enabled them to take decisions regarding the actions and processes needed to mitigate risks and keep people safe.

People were educated in safety protocols and attended fire safety and first aid training together with staff to ensure they were confident and able to maintain their own safety in case of an emergency.

Risks to people`s safety and well-being were assessed and actions were put in place to mitigate these risks. People were able to take positive risks and this was encouraged and supported by staff who provided people with information so they could weigh up the positives and the negatives of their decisions. This enabled people to be in control and live their lives in a way they wanted.

Staff demonstrated an excellent understanding about safeguarding procedures and signs of possible abuse. They told us they reported any concerns to senior staff on duty or their manager and they were aware of the whistleblowing procedures if they needed to elevate any concerns externally to local safeguarding authorities. People who used the service had also had training in how to recognise and report possible abuse and this empowered people and helped them to feel safe.

People told us there were sufficient staff employed to meet their needs at all times. We observed that people were supported when they required the support and had full control of how and when they were supported. Staff were recruited through robust procedures which ensured that staff working at the home were of good

character and were suitable to work with the people they would be supporting. People who used the service were involved in the recruitment process and gave feedback about the applicants which meant that they were able to connect with staff from very early stages and form important relationships.

People were supported to take their medicines safely by staff who had received training and had their competencies checked. People where they could were encouraged to self-medicate and participate in regular medicine reviews.

People`s consent to the care and support they received was obtained and staff worked within the principles of the Mental Capacity Act 2005 for people who lacked capacity to make certain decisions to ensure that the care and support they received was in their best interest.

People told us and we observed they ate and drank sufficient amounts to maintain their health and well-being. People were actively involved in the buying, preparation and cooking a range of healthy and nutritious foods.

Staff told us they received regular training and updates to ensure their skills and knowledge remained current in relation to their job responsibilities. Staff were well supported through a range of methods including work based observations, team meetings and individual supervisions.

People told us that staff were flexible and responsive to their needs and preferences. People told us and we observed that the care and support they received met their needs and was personalised to suit each individual. Professionals involved in the service were positive about the service and how it operated.

People had busy social lives and were always doing something whether at the home or in the community and were able to maintain hobbies and interests that they enjoyed doing. Staff supported people when this was required, however people were very able to organise a range of social events and activities independently. People had the opportunity to participate in a daily activity group if they wished.

The service was very well managed. There was clear and effective leadership at the service with staff having well defined roles and responsibilities. The management was open and transparent and was driven by the wishes of people they supported. The registered manager had introduced numerous innovative systems and processes which meant the service operated in a very productive way. There were systems in place to monitor and manage the overall quality of the service and this included getting regular feedback from the people who used the service and their views were taken into account.

People and their families had access to a family liaison officer who worked at the service with the aim of keeping up constant communication between families and services as well as creating a quarterly newsletter with regular input from both clients and families.

People were involved in a range of projects both within the service and in the wider community which presented an opportunity for people to be involved in the setting up and on-going management of a community facility.

People were supported to give feedback through regular meetings and had a representative to put forward their views. Meetings were held by people and staff were invited to attend where this was deemed appropriate. People told us they felt consulted and involved in all aspects of the running of their home.

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

We always ask the following five questions of services.

### Is the service safe?

Outstanding 

The service was very safe.

People were kept safe because the provider and staff had developed and embedded a positive culture to maintain people's safety at all times.

Risks to people's health and well-being were assessed and kept under regular review. Risks were mitigated without placing restrictions on people's lives.

The provider had used technology including CCTV and IT systems to improve safety for people without invading people's privacy.

People were involved in the robust recruitment and selection of staff and there were enough staff to keep people safe at all times.

Staff knew how to safeguard people from potential harm and how to report and elevate any concerns.

People received their medicines in accordance with the prescriber's instructions and where appropriate where supported to manage and administer their own medicines.

### Is the service effective?

Outstanding 

The service was very effective.

People received effective care from staff based on best practice which helped people make decisions about their life and achieve positive outcomes.

The registered manager and staff involved other health care professionals in people's care and developed a structured therapeutic programme which improved the quality of people's lives.

People were supported by staff who understood and worked within the principles of MCA. Best interest decisions were clearly recorded and reviewed regularly.

People's health and wellbeing was maintained and improved because staff used innovative ways to develop people's interest in their food and hydration.

People were supported to access a range of healthcare professionals to help promote their physical and mental health.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind, caring and compassionate, and people received excellent quality care and support.

Staff had developed meaningful and respectful relationships with the people they supported and knew their individual needs very well.

People's choices and rights were both respected and promoted within the home and the wider community.

People were treated with dignity and respect and their privacy was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised, met their needs and improved the quality of their life.

Care and support plans were personalised and people were extensively involved in the development and review to help ensure the care and support was provided in a way which suited them.

People were encouraged to live their lives in the way they wanted and were involved in innovative projects, activities and pursued hobbies that were of interest to them.

People's views and opinions were actively sought. They were listened to and things changed as a result of their input.

There was a flexible approach by staff which supported people's individuality.

People were encouraged to raise concerns or complaints.

**Is the service well-led?**

**Outstanding** 

The service was exceptionally well led.

People received an excellent standard of care and support because of the 'people first' culture developed in the home.

People were supported by a motivated staff team who were passionate about achieving excellent outcomes for people.

There was an open transparent and inclusive culture at the home.

Staff were well supported by the management team and were clear on their roles and responsibilities.

There were robust quality monitoring systems in place to help ensure continual improvements were made and the care people received was constantly improved.

The management and staff team demonstrated an overwhelming commitment to achieve the best outcomes and lifestyles for the people they supported and shared mutual values.

# Woodhurst

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 28 September 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed all the information we held about the service, including statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before 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 received the completed document prior to our visit which helped us plan our inspection.

During our inspection we observed how the staff interacted with people who used the service. We saw how staff supported people with developing their cooking skills. We spoke with two people who used the service, two family members' two care staff, one team leader, and the registered manager. We received positive feedback from four professionals who had experience of dealing with the service.

We looked at two people's on line care records, two recruitment files training records and other records relating to the overall management of the service, including quality monitoring records and the overall safety of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and we observed that staff were very aware of people's safety and wellbeing. One person told us "I do feel safe living here, it's a good home environment and I know the local area. The staff promote our safety and are always on hand to help maintain our safety."

A family member told us "The staff are so skilled at identifying and managing potentially risky situations. It's a fine line but they balance it so well when you consider the different mental health conditions and personalities of the men that live here". Staff had exceptional skills and the ability to recognise when people felt unsafe. Through their observations of certain behaviours they were able to identify if people were experiencing heightened levels of anxiety and they used their skills to keep people safe.

There was an embedded 'safety' culture at the home and staff were proactive in identifying risks and taking immediate action to mitigate these in order to keep people safe. For example, following an incident staff felt that there was a need to develop an 'incident protocol' which had to be known and followed by people and staff to ensure lessons were learned with the aim to prevent reoccurrence. People told staff they felt frustrated and concerned when an incident occurred and it caused considerable anxiety for people with autism in particular when they didn't always know what the incident was or the implications. Therefore the incident protocol was developed by a co- production group involving people who used the service and staff. They discussed how to share information in a safe way between staff and people and what would help people feel less anxious.

The Co-Production group proposed a colour coding system to enable staff to refer to an incident using a traffic light colour system which enabled people who used the service to have an understanding of the severity of the incident as well as what to expect, without needing to be told the full details. An incident protocol was then designed by people who used the service which clearly outlined expectations of both staff and people in relation to the severity of the incident. This protocol helped to alleviate some of the anxiety experienced by people living in the home and by developing this together with staff it made people feel included and important.

People had been involved in the decision making and gave their written consent in relation to the use of CCTV in all the communal areas so that recording could be reviewed if there were to be an incident. People had discussed the positive benefits of having CCTV in communal areas during meetings with staff and management. Staff told us they were continually learning from events and took time to reflect on how they reacted and managed incidents. Following an incident staff were able to produce reports and graphs to spot specific trends and discuss what they could do better to manage and prevent incidents. For example staff analysed an incident involving an altercation between two people. They were able to establish that one of the people involved had not engaged in the therapeutic programme the previous week as much as usual. Staff considered that this may have been a contributory factor and they took steps to assess whether the persons mental health was in decline.

The registered manager showed us the process for the recording and the review of accidents and incidents



captured by the CCTV in the communal areas. This enabled them and staff to analyse in-depth each incident, identify trends and establish if there were increased risks of reoccurrence. It also assisted staff to manage these proactively and reduce the reoccurrence of incidents. Prior to the introduction of CCTV incidents were addressed after they had happened. However since CCTV had been installed staff were able to intervene and be proactive to prevent incidents from escalating.

There was a strong emphasis to educate people on how to keep safe and increase their confidence. People who used the service were provided with training so they could both understand potential abuse and how and to whom to report their concerns. People also had access to training in first aid, fire warden, health and safety as well as introductory specialist training in schizophrenia, personality disorders and autism training. The first aid training provided information about how to apply bandages and was focused on people who were at risk of self-harm. The registered manager told us, "We take the approach of empowering people to treat their own wounds and cuts if they are superficial and the training supports people to do this safely."

The aim of the training was to provide people who used the service with the practical skills to keep themselves and others safe. The specialist training was arranged to provide people with a basic understanding of different conditions and therefore a better understanding of the people they were living with who may have had these conditions. The registered manager told us this had been extremely successful. People's feedback about this was positive saying that they had a better understanding of the behaviours of other people who lived at the service who at times exhibited behaviours which previously caused them concerns. This had made a real difference to the rapport between people in the service with one person in particular commenting that they felt the atmosphere between people was 'less hostile' because people understood more about each other.

The registered manager told us they received positive feedback about the training from people and their relatives. For example a person who went home for the weekend used the knowledge they gained from the fire marshal training. They unplugged the unused electrical equipment in the home and they were in the process of providing a fire risk assessment for the entire house. This meant that people learned from the training they were provided with and they were able to implement their learning in their day to day life and keep them and others safe.

Staff were knowledgeable about the risks of potential abuse and knew how to report any concerns they had to the relevant local safeguarding authority, which included by way of 'whistleblowing' if necessary. We saw that contact details for the local authority were available and displayed around the service to remind people, visitors and staff to report if they had any concerns regarding people's safety.

People were cared for by enough staff who had been recruited through robust procedures. People were extensively involved in the recruitment and selection of staff who were employed to work at the service. This helped people to meet staff before they were employed and also empowered them to have a say about who they felt comfortable with to work in the home.

Recruitment processes helped to ensure that staff working at the home were of good character and shared the vision and values of the service and the people who lived at the home. Recruitment checks included a disclosure and barring check, taking up and validation of references and identity checks along with eligibility to work in the UK and a full employment history. Potential staff were required to work a 'trial' shift at the home prior to them being offered a permanent post to enable the management and people to observe and assess their performance and decide whether they would be suitable to work at the service. There were plenty of staff available to meet people's needs at all times. Staff who worked at the service were all permanent staff which provided consistency for people.

## Is the service effective?

### Our findings

People received effective care based on best practice. One professional who had experience of the service told us, "New Directions [Woodhurst] are most definitely one of our top providers, they provide good quality care, care planning, staff training and staff retention. The quality of accommodation is also very high. They also work well with families, and their outcomes of people being able to move on into the community are also very good."

Staff worked in accordance with the published National Institute of Clinical Excellence (NICE) guidelines and were continually reviewing their practices to ensure people received effective care. One staff member told us "This ensured they [Staff] and the registered manager constantly tried new approaches to both promote good health for people as well as improving the quality of care people received through an innovative approach. For example the therapeutic programme".

The registered manager and staff had developed a structured therapeutic programme for people who lived at the home. This enabled staff to offer additional support to people over and above the type usually provided in this kind of services and helped to engage people and build on activities of daily living. With support and input from a range of professionals including psychologists and occupational therapists, the team created a programme of therapeutic sessions which worked with people on issues such as self-esteem, social skills, managing emotions, understanding their condition and anxiety management.

This partnership working helped ensure that the services provided were genuinely therapeutic and people had the opportunity to make significant progress and improve their lives becoming more independent and often needing less support because they built up more confidence. The registered manager told us, "We were supporting a person who had historically really struggled with the motivation, routine and discipline and who wanted to continue with their schedule to study for their A-Levels. The therapeutic programme had introduced an education like routine which had significantly improved their ability to keep to deadlines and complete their work – which in turn has led to the person having the confidence to actually sit their exams. Because of a lack of esteem previously the person had refused to do this". This meant that people had the care and support shaped to their individual needs and they achieved their goals.

We found that the `managing emotion` sessions which were facilitated at Woodhurst had a really positive impact on one person who suffered from severe anxiety when leaving the service and in the community. This not only impacted on their everyday life but also presented a serious risk to their health as they often missed important blood tests due to the anxiety they experienced on public transport. The sessions focused on anxiety management and enabled this person to progress from not being able to leave the service at all to being able to reduce their anxiety and access the community. The person built up their confidence and at the time of our inspection very rarely missed any appointments and had even progressed to visit the local shops without any issues.

These sessions were available for every person living in the home and we found numerous examples where it made a significant difference to people`s life. For example one person`s medicines were reduced and

although this had a positive impact on their health it caused increased anxiety when they were travelling on buses and in crowded places. To avoid another increase in the dose of the medicines this person took. The team took a positive approach and following a clinical reflective practice session they decided to implement a gradual exposure support plan whereby the person was supported to achieve small steps starting with walking to the end of the road to staying at a bus stop for 10 minutes to eventually being able to sit in a café and finish a drink before going home on the bus with staff. These achievements people made and the skills they acquired from the bespoke therapeutic sessions were developed further over time and we found that in many cases these resulted in people being completely independent in the community with no staff support or occurrences of anxiety attacks. This demonstrated the positive impact the individual therapy sessions had enabling people to become independent and live the life they wanted.

People were supported by motivated and well trained staff. Induction for new staff was robust with on-going training, refresher training and specialist training offered to staff and people who used the service. The service worked in partnership with other professional including psychiatrists. There were regular multi-disciplinary meetings held where professionals and staff discussed what was working well and what additional support people needed. These meetings created opportunities for staff to contribute to the development of support plans for people in line with best practice.

Staff were well supported through regular and effective supervision sessions. As part of their induction all the staff completed a four day 'The Skilled Helper' course. This was a therapeutic framework designed for staff to understand how to help people solve problems and develop new opportunities. The goal of the model was to help people manage their own problems and become better at helping themselves. Staff adopted this model of working which empowered people and helped them live more independently. Training all staff in the skilled helper framework enabled staff to empower people to explore and solve their own problems. This meant that 1:1 sessions with people went above and beyond general discussions around the support they received and followed a clinically proven framework that enabled staff to guide people to find and use solutions using a nationally recognised programme. For example people were supported to achieve educational qualifications and pass their exams. This was achieved due to the effective support and guidance they received from skilled staff to find solutions and ways to deal and manage their anxieties and overcome barriers.

Staff demonstrated how they were able to deliver effective care to the people who lived at the home. They had an in-depth knowledge of people's individual needs and preferences and knew where to find information in people's care and support plans. Most of the staff had worked at the home for many years and had got to know people's needs very well and provided continuity and consistency of staff.

We observed that staff had the skills and support to be effective in their role. Staff received a comprehensive induction which covered the Care Certificate Standards. The Care Certificate is an identified set of standards that care workers adhere to in their role as care and support workers. One member of staff told us that following their induction and training they spent time working with more experienced staff until they got to know people and their routines well and were confident and competent to work in an unsupervised capacity.

There was a well-developed training programme which was shaped and appropriate to the roles staff performed. Staff told us that the training they received helped them to understand the needs and specific health conditions of the people they supported had. For example, it included training in how to care for people with schizophrenia, personality disorders and autism. The training provided included face to face training, mentoring, and some e-learning and staff were observed by their managers to assess their competency. Staff told us the face to face training was interactive and gave them an opportunity to ask

questions if they weren't sure of anything.

We found that staff were knowledgeable and skilled in supporting people effectively and this led to very few incidents occurring as staff were able to quickly deescalate behaviours which could have been challenging at times.

People's consent was obtained before they were supported by staff. We saw that people had signed various support documents to give their consent to the care they received. This included consent to share documents, for their medicines to be administered by staff and to agree their care and support plans. Staff were aware of how protect people's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager told us that no one at the home was deprived of their liberty. People were able to go out and about as they wished and were encouraged and supported to do so by staff.

People's health and wellbeing was maintained and improved because staff used innovative ways to develop people's interest in their food and hydration. Staff worked with people to develop their interest in purchasing food and assisting them to cook a range of nutritious meals. Staff we spoke with had a good understanding of each person's dietary needs and their preferences. We saw that one person had been supported to buy a box of fresh food on line which contained recipes and all the ingredients required to cook four different meals from scratch. This included the meat and fish options, vegetables and pasta, potatoes and rice with a range of sauces and gravies. This provided the person with a good variety of nutritious meals; it developed their ability to make choices about what they ate and they also learnt new skills which they were very proud of. Another person told us they enjoyed jacket potatoes and were experimenting with various fillings. We saw that people were able to eat and drink when they wished and could choose to eat in the dining room, lounge or their bedroom. There were also facilities for Al fresco (outside) dining, weather permitting.

People were supported to access a range of healthcare professionals to help promote their physical and mental health. People`s support plans provided evidence that people using the service had accessed a range of health care professionals such GP's, psychologists, occupational therapists dentists, and opticians. People were supported to attend hospital appointments when necessary. This helped to maintain an overview of the health and wellbeing of people living in the home.

People were supported and educated by staff to understand all aspects of their health needs and conditions they lived with. Staff explained to people and made sure they understood what medicines they were taking and what these medicines were for. Because of this support people were enabled to take informed decisions about their care and treatment which positively impacted on their health. For example one person decided

to discontinue one of their medicines to improve their long term health. They were supported by staff and their GP to do this safely over an agreed period of time.

## Is the service caring?

### Our findings

People told us, "This is the best place I have lived, everyone is kind and listens to us, they are respectful and that goes a long way." Another person we spoke with was extremely complimentary about the service provided. Comments included: "The staff are great, I get on with all of them and they help me with anything I need. I can discuss things with them if I am worried about anything."

People told us that all the staff and management who worked at the service were exceptionally kind caring and supportive and they received excellent quality care and support. Staff had developed meaningful and respectful relationships with the people they supported and knew their individual needs and routines very well.

People told us they valued their relationships with staff and felt that that staff went over and above their call of duty to make sure people were happy and achieved the things they wanted. For example a relative told us about how well their family member was supported by staff with their educational studies and also to get employment through volunteering opportunities. They told us how invaluable this support was for their family member who felt accomplished and motivated to progress even further.

People's choices and rights were both respected and promoted within the home and the wider community. People were treated with dignity and respect and their privacy was maintained at all times. The registered manager and staff team worked to a set of shared values to achieve excellent outcomes for people. They worked in partnership with people and shared an ethos which was to encourage and support people to live their lives as they wished. Both the management team and staff were clear that they put the needs and wishes of people before anything else and their role was to support people to maintain their independence and be in control of their lives.

Staff worked in partnership with healthcare professionals to ensure a holistic approach towards people's care. People's spiritual and cultural needs were taken into account and people were supported to continue to follow any beliefs they had. People were actively encouraged to maintain their relationships with family and friends and they were able to see visitors whenever they wished.

People were also encouraged and supported to spend time at home with family if they could. One person told us, "I look forward to going home at the weekends." The family liaison officer supported and facilitated visits from family members and was also able to talk through any concerns people or their families had. This support from the family liaison officer was in addition to the advocacy services that were available to assist people or their families. The family liaison officer also provided a quarterly newsletter with regular input from both clients and families to keep them updated about any news about issues of interest for people and provided an opportunity to share information.

People's right to privacy and dignity was respected. As soon as we arrived at the service the staff member who greeted us explained to the people who lived at the home who we were and why we were at the service. This helped alleviate any anxieties people had and demonstrated that staff considered people's feelings and

were proactive in managing what could be a worrying time for people who lived at the home.

We observed that staff were respectful, and friendly, but maintained professional boundaries at all times. People were addressed by their preferred names and staff interacted with them offering support and encouragement when it was needed. People appeared comfortable and relaxed with the staff who supported them.

Staff told us they really enjoyed working at the service. They knew the people living at the home very well and had developed positive caring relationships with them.

We saw that people who lived at the home and their family members were involved in planning their care. People's life history was recorded in their support plans, along with their interests and preferences in relation to daily living. People were able to access to their own files, including support plans and risk management plans via a smartphone or tablet. This had encouraged people to become much more involved and engage significantly more in their support planning. In the case of one person there has been a significant improvement which has changed from a total lack of engagement with staff to taking almost full control of their own support plan. This meant that the person led on what was included in their support plan including setting their own goals saying how they would achieve them, timings, as well as engagement and social events.

The software in use at the service had been developed to enable family members to access records with peoples consent and was due to be trialled in the near future. People's bedrooms were personalised to reflect their interests and personal preferences. Staff were aware of confidentiality and ensured that confidential, personal or sensitive data was protected. Most records were held on line and people who used the service could access their individual records for example their set goals and were able to revisit how and when they had achieved their goals and set themselves new goals.

## Is the service responsive?

### Our findings

People who lived at Woodhurst Avenue experienced a level of support that helped them to live full and meaningful lives. People told us that staff treated them as individuals and were flexible in meeting their changing needs. People told us that staff had an excellent understanding of their cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. For example in relation to people's dietary needs and when people observed specific religious events.

A professional involved with the service told us, "They [staff] also work well with families, and their outcomes of people being able to move on into the community are also very good." Another professional told us, "They [staff] have managed some very complex cases, very well, including someone who had a [mental illness] and have shown themselves to be adept at liaising with the local community and mental health teams in order to support this individual as much as possible even outside of the home environment, which was proving very difficult at that time."

We saw from support records that care people received was bespoke. People had as much control over their life as they could manage. Staff were unhurried and spent quality time supporting people and also constantly developing and reviewing how people were supported. A professional told us, "Following referrals into their service, they usually respond quickly to offer an assessment, keep us updated as to progress and provide a detailed assessment report for us to present to our funding panel. They offer a range of in-house provision such as specialist assessments for sensory issues, diagnosis of autism and interventions arising from these, which can be very helpful in providing client centred care."

Care and support was planned proactively in partnership with individuals. For example, before anyone came to live at Woodhurst Avenue the registered manager would meet them to get a full understanding of their needs, wishes and preferences. However for some people particularly those living with an autistic spectrum disorder a stranger coming into their living environment to conduct an assessment can cause considerable anxiety. So staff completing the assessment sent out picture profiles prior to an assessment to enable the people to become familiar with them. They also used other innovative methods such as communicating with people via e-mail, telephone or by social media and Skype assessments. People were also able to visit the home to enable them to look around so they could decide if the home was right for them. This meant that management and staff understood how important was to give people the opportunity to take the decision to move into the home over a period of time and visit the home to experience what it was really like to live there.

We looked at the support plans of two people and found that an assessment of all needs had been undertaken before people came to live at the home. People were each assigned their own keyworker who worked closely and in partnership with the people they were supporting. Support plans were centred on people's individual needs, preferences and goals. Supporting documentation was completed and included such information as; preferred priorities for care, essential support, active goals, strengths and positive or negative factors affecting people's quality of life. The emphasis was very much on people setting their own goals and how staff would assist them to meet their goals. Because records were electronic staff and people



had immediate access to these and were aware of any changes occurring in a timely way.

The registered manager told us that they held a clinical reflective practice session every fortnight with a consultant psychologist which provided them with an opportunity to discuss barriers to support or engagement that people were struggling with. These meeting had helped staff to change their approach to working with people. In the case of one person the registered manager told us, "The person's anxiety and emotional outbursts has reduced significantly and the person has been able to express their emotions differently." This meant an improvement in their quality of life and less incidents which had positive effects and improved the wellbeing of the other people who lived at the home.

People were encouraged to continue with hobbies and interests that they were involved with before they moved into the home. People were encouraged to maintain and develop new relationships. There were many individual and group activities taking place in the home that were determined by the people. For example, one person told us there were daily meetings and discussion groups and on the day of the inspection they told us that they were going for a walk. People were responsible for developing their own activity planner.

We saw that people had access to a range of books, board games and magazines which were available in communal areas of the home. People also had individual tablets, laptops and musical instruments as well as TV's in their bedrooms. The registered manager told us they were considering a community project and this was discussed with people to get their views and feedback. They came up with the idea of a community café which people who lived at the service would run. The registered manager showed us planning documents and drawings which had been created by people who lived at the service. This meant that people had taken full control of the project and were demonstrating how they responded positively when given a task to do.

People were encouraged and supported to share feedback and to raise concerns if they had any. We saw the complaints policy was displayed prominently to remind people of the process for making a complaint. People told us they knew how to make a complaint. One person told us, "I am the house representative and we discuss any general issue through our co production group meetings." Another person told us, "I know the staff and managers listens to our feedback because one of the things we were unhappy about was staff having team meetings where they discussed us [People who used the service]. We were not happy for staff to discuss us without us being present so now staff discusses general points at team meetings and when they are discussing us we are present." This demonstrated that people's views were respected and things changed as a result of their feedback. We saw that complaints were recorded, investigated and responded to in line with the providers complaints policy. Compliments were also recorded.

## Is the service well-led?

### Our findings

The service was exceptionally well led. A positive culture was evident at the service where people came first and staff knew and respected that it was their home. A professional told us "I believe they are well lead. We recently undertook a contracts inspection, and the outcome of which was excellent"

Another professional told us, "I find them to have good communication skills as an organisation. The [registered] manager is very helpful, responds quickly to phone calls and emails and is quick to alert us as a team if there are any issues that they need to discuss. The service will independently identify when residents are ready to step-down to something less supported and they were successful at getting people to this stage or conversely where they feel their needs have become too high for them to effectively manage them safely and that they need a step-up to something more supported."

The registered manager and staff team had consistently developed the service around the people they supported. The registered manager told us, "We strive to ensure we have open and honest conversations with people and involve them at all levels of the organisation in all decision making." They also ensured that people were involved in the creation of new ideas and projects to improve the service. People received an excellent standard of care and support because of the 'people first' culture developed at the home.

The registered manager told us, "We reward and recognise good performance through staff recognition schemes where people vote for outstanding staff members, team away days and performance related pay schemes." We saw that staff performance was assessed with a 360 degree appraisal approach where employees were appraised by their manager, colleagues and people across the service as well as being asked to provide feedback on their manager in return. This supported an open culture and also placed emphasis on the feedback from the people they supported.

People were supported by a motivated staff team who were passionate about achieving excellent outcomes for people. Staff were well supported by the management team and were clear on their roles and responsibilities. The registered manager and all staff adhered to the provider's work ethics and set of values. Service managers met bi-monthly to hold 'values' meetings. The purpose of these meetings were to focus on organisational values and have an open forum with staff and people across the organisation to discuss what each particular values meant to them, consider how it could be improved or what ideas they had to improve the way staff and people worked together. Some of the positive changes that have come about as a result of these meetings were the therapeutic programme, the co-production team and improved training and qualification schemes for staff and people.

There were robust quality monitoring systems in place to help ensure continual improvements were made and the care people received was improved. The registered manager used a bespoke software package which provided an innovative monitoring and auditing system. The system alerted and allocated tasks to staff members for completion. Therefore there were no missed tasks or support for people. It also allowed staff to completely personalise every document and process within the system. It enabled new ideas to be explored and developed. We saw that the system was efficiently enabling staff to spend more quality time

with people rather than spending hours writing in documents.

The electronic system used allowed management to spend considerably more time with people and staff to focus on the quality of support instead of spending time completing audits and action plans. People told us that the use of technology has enabled staff to spend more time with them and develop more innovative ideas.

People's views on the quality of the service were regularly sought. Feedback was obtained through a variety of methods including completion of a survey. People we spoke with all knew who the registered manager was and the job roles of all the staff who worked at the service. The registered manager and staff worked in partnership with other organisations to ensure they followed best practice.

The management and staff team demonstrated an overwhelming commitment to achieve the best outcomes and lifestyles for the people they supported and shared mutual values. The registered manager told us, "We work hard as an organisation to ensure the term 'person centred' is genuine and real for the people we support." We saw that the coproduction group formed by people and staff were involved in discussions about all aspects of the service and the co-production team have made significant changes to the way the service was operating and run including the structures of meetings, changes in documentation, review and changes to policies and procedures. It has also brought about positive changes for people who have gained confidence and some of the responsibilities have enabled people to both develop their communication skills and to achieve things they would never previously attempted. For example people have done the drawings and plans for the community café venue, along with proposals about how the facility would be managed and generate an income through renting for private parties and events, so that it could be self- sufficient.

Audits were completed to ensure constant compliance at all times. These included medication audits, client files, service files, complaints, safeguarding, infection control and health and safety. Audits were completed by staff at all levels of the organisation with a comprehensive quality assurance audit being completed every quarter in the service which was aligned to a similar inspection to those undertaken by CQC. The registered manager informed CQC of significant events in a timely way and was consistently responsive when communicating with CQC and other stakeholders.