Blythson Limited

Chanel House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service
Chanel House is a service providing live in and care visits to people in their homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service supported 28 people over nine locations with 10 people receiving personal care at three of the homes. One person lived in a purpose built flat, three people shared a single 'house in multi-occupation' and six people lived in house that was converted into four apartments. A broad age range of people used the service, some of whom had needs associated with learning disabilities, dementia, epilepsy and other complex needs.

People's experience of using this service and what we found
People, their relatives and healthcare professionals all gave positive views of how well this service met people's individual needs. People and relatives praised the staff for their caring attitudes and their commitment to support people to overcome barriers in their lives and live life to the full.

Some relatives described how people had positively changed beyond their expectations and how the service had enabled this. This had resulted in milestone achievements which positively impacted on people's lives as well as those of their families and friends.

People and, where appropriate, their relatives were involved in care and goal planning and received regular updates about people's progress. One relative commented, "For the first time I feel as if I am sharing their life and we are being listened to. The care provided and openness of staff is exactly what has been lacking, to describe their support as wonderful would be an understatement and disservice, it is far, far beyond that."

People`s care plans were personalised and reflected their views about how they wanted staff to support them. There were regular meetings with people, relatives and professionals to ensure care and support needs were reviewed and they were happy with the support they received.

Relatives consistently told us the service exceeded their expectations in supporting people to achieve better outcomes which had not been possible where they had lived previously.

People took part in a range of personal development programmes. Individual programmes were designed to offer both familiar and new experiences to people, and the opportunity to develop new skills. People accessed a range of community facilities and activities within the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies, systems and ethos in the service supported this practice.

Positive risk taking was a focus within the organisation to enable people to live the life they wanted and be part of the community. People, where possible, were supported to understand the risk involved in any activities they did and how to stay safe.

People were able to decide which staff supported them, this included the transfer of staff from residential services, owned by the provider, to continue to work with people in their new supported living setting.

People were supported to receive the care they wanted. Medicines were managed safely and people were supported to follow medicine pathways of their choice. People maintained good nutrition and hydration. They were encouraged to shop and cook for themselves, people were supported to follow lifestyle dietary choices.

People were protected because risks had been assessed and any measures needed to mitigate these were fully documented. New staff were only recruited once they had all their checks to ensure they were suitable to work with vulnerable people.

People's health and emotional wellbeing was closely monitored and responded to when needed.

The service was flexible and adaptable to each person`s needs to ensure people reached their full potential and could live as independently as possible in their own homes.

The provider had a well-developed management system in place with clear responsibilities for every member of their staff team. This ensured communication was effective and the decision-making process for any actions needed to improve the service were taken promptly.

The provider's governance was well-embedded and there were effective assurance systems that ensured self-compliance. The provider proactively monitored the quality of the service, the risk management plans, training for staff and other areas of the service. They effectively measured the impact the changes had on the quality of the service delivered.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The registered manager had a clear vision and strong values about how people were supported, which was echoed by all the staff we spoke with. Staff were proud to work for the provider and felt they were an active part of an organisation where they mattered, people mattered and all voices were heard.

The provider positively influenced the care and support people with a learning disability and autism received in the community by engaging people in community-based projects. The relative of a person receiving care championed the service and acted as a point of contact for people and their families who were considering using the service. This allowed them to receive objective feedback based upon experience of using the service.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 30 October 2015.) Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Chanel House

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one adult social care inspector.

Service and service type
This service is a Supported Living service. It provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 8 May 2019 and ended on 14 May 2019. We visited the office and houses where people lived on 10 and 13 May 2019

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection-
We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care workers and care workers.

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

Good

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● There was a clear commitment to balancing risk with people's wishes and rights. For example, some people enjoyed activities such as swimming, kayaking and horse riding which presented a level of risk. Some people were involved in developing their risk assessments which helped them to understand what the risks were and the measures needed to help to keep them safe.

● People were given information in a way they could understand to help them make decisions about risk. This included pictorial, electronic and social story formats.

●People had a team of staff allocated to offer consistent support and care to them. The staff had received specific training to reduce risk. For example, when people went swimming or kayaking, staff supporting them had received lifeguard training. This helped people build trusting relationships with staff and confidently engage in these activities.

● Where risks to people's health were identified, risk management strategies were in place. For example, bed monitoring equipment alerted staff if a person experienced and epileptic seizure and a door alarm discreetly allowed staff to monitor any unusual use of the toilet for another person.

● Information about triggers, strategies and guidance were in place for staff to support people whose behaviours could be challenging toward others, themselves or staff. The service did not use restraint, positive behaviour strategies focused on improving people's responses to everyday situations. This had resulted in a marked reduction in instances of challenging and self-injurious behaviours. For example, where people had previously engaged in self-injurious behaviour, positive behaviour strategies had helped them to stop.

● Effective risk management and planning enabled people to live full lives despite significant potential risks and challenges they faced. People were supported to live as they wished, including attending family events, holidays, and to enjoy active lives in the community. People saw significant improvement in their health, wellbeing and sleeping patterns. This was confirmed to us by their relatives and in the numerous examples of positive feedback they sent to the provider about the care people received. For example, one person previously slept excessively and did not actively engage in their day to day life. They now had a regular sleeping pattern which enabled them to have visitors and join in with activities.

Using medicines safely

● People were assisted to take their medicines on time. One commented "Yes, I always get my medicine when I expect to. I would know if they made a mistake. They haven't."

● The use of homeopathic medicine was important to one person and their family. Staff had supported them to attend appointments with a homeopathic practitioner and managed the medicines which had been prescribed.

●Staff received training in safe management and administration of medicines and competency checks ensured their safe and correct practice. The management team audited medicine records frequently. The

supplying pharmacists audited medicine management at each of the care settings. All medicines were stored correctly and securely, there had been no medicine errors.
● All medicines given were prescribed and records showed people had received the right amount of the right medicine at the right time.
●There were protocols in place for people who had 'as and when' (PRN) medicines including staff recording the reason why the medicine was given as well as the date, time and dose.
● People were supported to attend appointments with health professionals to review their medicines to make sure that their medicines were meeting their needs; reviews of prescribed medicines ensured their use and dose remained appropriate to avoid any risk of overmedication.

Learning lessons when things go wrong
● A culture of constantly improving through learning was a strong feature within the service. Where any issues, trends or patterns were identified, lessons learned were shared across all of the provider's services. For example, past errors were identified at a different service in medicine management. Based upon learning form the other service, a new system was introduced and responsibilities for medicine management and accountability were shared across the management and staff.
● Any incidents, accidents or near misses were discussed at regular staff meetings and meetings with people using the service. The registered manager ensured lessons were learned, and mitigation was put in place and communicated in supervisions, team meetings and bulletins to staff.

Systems and processes to safeguard people from the risk of abuse
● People said they felt safe and supported. One person said "I feel very safe knowing the staff help me when I need it and knowing the staff are here. The staff are always here, always reliable." Relatives commented people were, "Placed first and foremost" when it came to support from staff and keeping people safe.
● Staff had received safeguarding training, records confirmed this and staff told us safeguarding was regularly discussed at supervisions meetings. This helped to ensure staff maintained a consistent and current understanding of their responsibilities.
● Staff and the registered manager were aware of their responsibilities to protect people and to report any concerns about people's safety and wellbeing. They were aware of local authority safeguarding protocols, what needed to be reported and had systems in place to support this. No safeguarding referrals had been needed in the year since the service registered.
● People had received information in ways they could understand about staying safe, how to ask for help and what to do if they felt at risk. For example, by using social stories and pictorial references.
● Staff had discussed safeguarding with people. Some people needed special supervision in the community, or in specific situations, or around particular groups of people to keep themselves and other people safe. People were aware of their risk assessments in place and how staff would support them to reduce the risk of potential safeguarding matters or harm.

Staffing and recruitment
● Recruitment practices were safe and only people suitable to work with vulnerable adults were employed. All necessary pre-employment checks were carried out before they started work.
● There were enough staff to ensure people had access to care that met their needs and protected them from risks. We saw staff were responsive to people's needs and the staff present met the planned staffing requirement.
● People received support from small staff teams of known carers to ensure consistency. People said having a regular team of workers, who knew them well, was important and that helped them feel safe and well cared for.

● Two people were in the process of transitioning from one of the provider's residential care services into a supported living setting. The people had asked if some staff, familiar to them from the residential service, could support them in their new care setting. Their request was actively accommodated by the provider and staff. This enabled the people to choose some of the staff who supported them.

Preventing and controlling infection

● People were protected against infections. Where a specific infection control risk was identified, a cleaning protocol was put in place to ensure risks were reduced. The risk is no longer current.

● Staff were trained in infection prevention and control and used personal protective equipment, such as, disposable gloves and aprons when needed.

● Some people helped to clean the service they lived in and were supported to use washing machines.

Outstanding ☆

Is the service effective?

Our findings

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

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● Staff continuously assessed people's needs and choices, including their social needs. There was a truly holistic approach to assessing, planning and delivering care and support. The service looked for and encouraged the safe use of innovative and pioneering approaches to care and support, and how it is delivered. For example, one person had enjoyed receiving mail but, because of being less involved in their financial matters, they received far less than they used to. At a review the person told staff that receiving mail was important to them. Staff ordered postcards from different locations, wrote and posted them to the person. This together with postcards sent by neighbours gave them a steady stream of mail to look forward to and met their social need.

● People and their relatives confirmed care needs were fully discussed before moving to the service. People had up to date personalised care plans which were regularly reviewed. These contained important information about people's choices and how to care for them in a consistent way. A clear understanding of the support people wanted had resulted in profound and positive changes.

● For example, in a previous care setting, a person had developed self-injurious, challenging habits and behaviours. They were withdrawn, isolated and unhappy. At pre-admission, staff listened to how the person wanted to be supported and new challenges were identified. They were introduced to yoga and paddling, focussing on positive behaviour support and empowerment rather than negative attention as a response to behaviours. The person now enjoys rich and varied activities, including holidays for the first time in two years. The person was happy, smiling and told us their life was, "Much better."

● Another person always used a wheel chair and handling belt. They had not been supported to walk independently, although there was no clinical reason why. Staff worked with the person and occupational therapists to gradually build their confidence walking and in their general mobility. The person now walks unaided. Their relatives told us they could barely believe the transformation in mobility, independence and confidence. They had enjoyed lunch out with the person and a walk around a garden centre, which they had previously thought was not possible.

● One person was resistant to having their hair touched and cut, they would become upset and injure themselves. Staff found the person enjoyed water and having sensory baths with soft music and lighting to change the colour of the water. Such was their relaxation that they allowed their hair to be washed, brushed and eventually cut. They now had a hairdresser, a hairstyle of their choice and had stopped pulling out their hair or displaying other behaviour that may challenge.

● Changes in behaviours and abilities enabled people to attend significant events, such as a wedding, visits to family and going on holiday, none of which relatives had thought possible. Some people arrived with unusual or excessive sleeping patterns. This left them little opportunity to go on activities as it made them lethargic, disinterested and unhappy. Staff supported them to develop healthy sleeping patterns by working with people over long periods of time to re-orientate to regular waking hours. This enabled people to attend

activities they would not previously been able to. One person made new friends because they regularly went out and their social circle had expanded; staff supported them to maintain these friendships. Every relative told us the changes in people had exceeded all expectations. One relative told us, "Having a placement here feels like we won the jackpot."

● All assessments were comprehensive; people's protected characteristics were considered and upheld in line with the Equalities Act 2010. For example, staff showed a good awareness of cultural differences, they discussed with people if they wanted to pursue relationships. One person was supported by a female team of staff at their request. Documentation was available to staff to remind staff of best practice and current guidance. For example, information about the Mental Capacity Act, advocacy services and the Equalities Act.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● The service empowered people to make choices about their health and how it should be monitored and managed. Links with health and social care services were excellent. For example, the provider worked with a grief, relationship and sexuality counsellor who was experienced in working with adults with learning disabilities. They had undertaken a wide range of work with people, from providing sexual health advice to working on anger management and supporting people to cope with bereavement. Staff worked alongside learning disability nurses and psychologists. One relative told us, "The support provided to our daughter has surpassed anything we could have hoped for. She used to stand out in the community and people would look at her. That doesn't happen anymore, she has stopped rocking, she no longer bites her hands which have now healed, her hair has grown back, she is contented and happy."

●People benefitted from well-coordinated partnership working between staff and health care professionals and their health improved as a result. The provider had worked hard to develop these relationships, by building and maintaining contacts within specialist services to make sure people had access to health professionals to help them live a healthier life.

●Relatives told us they felt the care and support people received to maintain health was exceptional. One relative told us, "[Person's name] is under the care of two London hospitals, staff accompany them and me to the hospital. Their support is invaluable as the appointments can be very stressful for her and I."

● Another relative, speaking of a person's mobility transition and how staff and occupational therapists worked together, told us, "They used to be pushed in a wheelchair, they have developed in ways I couldn't have imagined. I am absolutely amazed."

●Staff used their in-depth knowledge of people to promptly identify when people's needs changed and sought timely professional advice. People had an annual health check which included appointments to the optician, dentist and GP.

● Staff worked in partnership with people's families, health and social care organisations to make sure that people's individual needs were understood, and information was appropriately shared to ensure the care and support provided was effective and in people's best interest.

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

● There was a strong emphasis on the importance of eating and drinking well. One person followed a particular diet. Staff supported them with this and introduced other food when they wanted to try it. Staff were aware of people's eating and drinking patterns, they supported them flexibly to accommodate it and embraced their ethical and lifestyle choices around what they ate. For example, some people preferred to eat little and often, rather than the structure of three meals a day. Staff became aware another person experienced anxiety around meal times, to the extent they would often not finish their meal. The person was reassured and empowered to understand they could eat their meal in an area of their choice. Now when they feel anxious they take their meal to a different area and eat it. Instances of not finishing their meal no longer occur.

● Where there had been concerns about people's weight, staff had worked with dieticians and the speech and language therapy team (SaLT) and people's weight had increased to a safe threshold.
● Staff took into account nutritional and other guidance from dieticians and SaLT teams. For example, food was prepared in line with SaLT guidance and people were supported to eat safely. Records showed guidance was followed and, where needed, fluid and nutritional intake was monitored in line with NHS guidance.
● Another person had developed a talent for cooking and this was encouraged by staff. The person looked up recipes, bought the ingredients and made the dish, which had included madras and Thai green curry. They had an extensive selection of spices to enable them to flavour food as they wanted. Other people who lived at the service were often invited to share the meals.
● People were involved in planning menus for the week and purchasing food. Most people helped to prepare food and drinks.

Staff support: induction, training, skills and experience
● The provider and staff worked in partnership with other organisations and contributed to the development of best practice and good leadership. For example, staff participated in a study "Staff experiences of working with challenging behaviour: relationships with size of service and management/leadership support." This was published in the British Journal of Learning Disabilities in June 2019. Additionally, the provider has been asked to contribute to post-graduate research at a local university examining the value of practice leadership.
● The provider kept up to date with new research and development and staff were trained to follow best practice. For example, most training was delivered by a director of the company, who was a qualified further education lecturer and nominated champion for mental capacity, restraint, consent and an accredited. Training included Management of Actual or Potential Aggression (MAPA), which is a non-aversive approach, accredited by the British Institute for Learning Disabilities.
● People using the service were supported to take part in staff recruitment. For example, interviews included questions which people had prepared and these were asked of them by candidates. Where possible, managers consulted with people and existing staff to gather their experiences and views of candidates before a final decision is made.
● There was a proactive support and appraisal system for staff, which recognised continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support. For example, staff were supervised every four to six weeks, but during the first 12 weeks of employment this occurred weekly, and thereafter fortnightly, until the end of their probation. This allowed a thorough assessment of skills, knowledge, experience and attitude as well as providing a basis for discussion about performance in preparation for an employment review at the end of the probationary period. Staff told us they felt well supported. One staff member told us, "Supervisions are planned in advance, there is an agenda and that helps me prepare anything I want to discuss."
● A recent staff engagement survey showed staff all gave positive responses about working for Chanel House. This was borne out by their low staff turnover and good staff retention rate.
● Staff received a combination of eLearning and face to face training. When people's needs changed, additional training was provided. For example, following a person's diagnosis of early onset dementia.
● Staff told us training was of a good standard, it gave them the confidence and skills to support people as they needed. For example, we saw staff used Makaton and British Sign Language to communicate and understand some people's choices and decisions.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

● The service was skilled in how it obtained people's consent for care and treatment, involving them in related decisions and assessing capacity when needed, even where disability or other impairments made this very difficult. For example, mental capacity assessments were completed by staff communicating with people in line with their assessed communication needs. This included BSL, using short sentences, objects and pictures of reference and at times when people were most focussed. This gave people the best opportunity to make their own decisions.
● This method was so successful for one person that at a formal best interest meeting, they were deemed to have capacity to make an informed choice. On another occasion, two tenants who lived separately but had developed a strong friendship, asked their carers if they could live together. Mental capacity assessments deemed them to have capacity in the context of this decision and arrangements were subsequently made to support their request.
● Where people were unable to understand and consent to more complex decisions, for example, the pros and cons of some medical treatments and diagnosis procedures, best interest meetings were held with all relevant parties fully represented.
● Engagement with stakeholders, including people who use services and their family, friends and other carers, informed the development of tools and support to aid informed consent. For example, the service used apps to create groups including managers, staff, friends and families. This allowed them to share photographs and information about upcoming social and family events.
● One authorisation had been granted, staff ensured they met with any specific conditions of the authorisation and made sure people received the support of Relevant Person Representatives (RPR). An RPR represents the relevant person and provides support that is independent of the commissioners and providers of the services they are receiving.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- All the feedback received was overwhelmingly positive about the support people received and how well they were treated. Comments included, "I can honestly say there isn't anything I can't ask for that the dedicated staff couldn't find a way of doing," and, "She has become much, much happier, with a fuller sense of herself as an independent, responsible and respectful adult, developing empathy and with a growing sense of self-awareness." They added, "As a mother, I cannot ask for more and I am so grateful."
- Staff discussed people's plans for the activities they wanted to do; they helped people plan their day and managed some people's expectations. Staff communicated in ways which people recognised and understood, for example, by using now and next boards. These contained pictorial reference cards and timeframes to remind people what was happening and when. Some staff also used Makaton and BSL fluently.
- Staff knew people's backgrounds and what was important to them. They used this information to start conversations with people and encourage them to take up interests and plan goals. For example, visiting places of interest and taking up new activities.
- Staff were aware of people's day to day emotional needs and when and how people may need support at sensitive times. For example, one person became anxious as other people were busy and readied themselves to go out. The service had some pet rabbits and staff supported the person to clean out the rabbit hutches and fill up the rabbit's food and drink. This helped to occupy and calm the person at busy times which had previously been of worry to them.
- When people became anxious or upset staff recognised this and intervened. Staff told us about one person who could become anxious. They told us about the things that could make them anxious, such as repetitive, compulsive checking, and how this may result in distressed behaviour. We saw staff talking with the person, calming them and we observed the person's response; after a short time, they had settled and re-joined other people in the lounge.
- Staff were motivated and committed to their roles, one member of staff came in on their day off to support our inspection process because they felt it was important to be with the person they most often supported, to ensure they were comfortable to engage in the inspection process. Staff had built close working relationships with people and their families. This had enabled people and their families to develop trust and confidence in staff. Relatives told us they noticed positive changes in people, how they communicated and increased confidence.

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

- Some people had communication passports in place to support staff on how to best communicate with them. In some cases, this included the use of picture cards and computer tablets to prompt discussion, understanding and engagement. The introduction of a computer tablet had been so successful for one

person that their relative used the tablet to maintain consistency when they visited home.

● We observed information throughout the service that had been adapted for people's understanding. For example, there was an easy read complaints process, picture displays for meal choices and activities. Most people's care plans contained pictorial information so people could relate to the information held. A door bell and fire alarm system used lighting to alert a person who was deaf.

● Staffing considered compatibility with people and people decided which staff they wanted to support them. For example, some people requested for staff they knew when they lived in a residential setting to support them in their new supported living setting, This was agreed and put in place by the provider. This promoted independent decision making.

● Staff were able to tell us in depth about people's needs, likes and dislikes without referring to care plans. They spoke about people with passion and enthusiasm and told us how proud they were for being part of people`s lives.

Respecting and promoting people's privacy, dignity and independence

● Staff told us they respected people's privacy and dignity. When people needed personal support, this happened privately and discreetly.

● One member of staff told us, "Respect for people is key. The people who receive support are treated like family members."

● Staff were familiar with people's abilities and encouraged them to be independent. Care plans showed what people could do for themselves. One person told us, "Staff will help me to make tea and a sandwich, but don't take over."

● Staff encouraged people during our inspection to make independent choices about meals and activities, prompting and supporting them when needed.

● Equipment provided enabled some to be as independent and safe as possible. For example, some people made drinks independently, the service provided them with kettles that only boiled a single cup of water from a cold reservoir. Other people were supported to use conventional kettles. The registered manager told us the service was investigating the possibility of providing an ironing press, rather than a conventional iron, for a person who wanted to do their own ironing.

Outstanding ☆

Is the service responsive?

Our findings

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

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

●Everyone we spoke with told us the care and support people received was personalised and fully adapted to each person. This started from recruiting a staff team to support people as they moved in, getting to know people and shaping the support in line with individual choices and preference.

●People's goals were relevant and reviewed. For example, one person received support with their mobility and now walked without the need for a handling belt or wheelchair, this increased their independence to the extent they were able to walk independently with family members on days out. They had not been able to achieve this previously. Another person, with complex needs, had received support with their continence over a long period of time to build routine and familiarity, they had previously found any support around using the toilet traumatic but were able now to communicate when they needed to use the toilet. This had improved their independence, confidence, dignity and quality of life.

● People achieved profound health and social outcomes. These improved because staff took time to find meaningful ways to communicate information in ways people understood, for example, using electronic communicators, working with communication plans, understanding people's vocalisations, gestures and body language. This helped develop some people's ability to communicate and enabled staff to develop routines. This allowed people to familiarise themselves with what they might expect when they travelled or attended health appointments. This managed people's expectations and anxieties. Positive behaviour plans were used to help manage situations that were previously impossibly challenging. For example, some people were able to travel on public transport to visit friends and family and attend healthcare appointments, none of which they were previously able to do.

● One relative told us a person's self-injurious behaviour had stopped, they were independently mobile and now engaged in family activities and visits. They said, "[Person's name] had deteriorated in their last placement, they were extremely unhappy, angry and taken everywhere in a wheelchair. Since being supported here, staff have understood her needs. They supported her to walk, she is happy, engaged; a different person."

●People were enabled to spend meaningful time together with their families when previously this was not possible because of their anxiety. One relative said, "The most amazing event was the huge team effort in ensuring that a person attended the wedding of their [relative]. Staff helped her choose her dress and supported her every step of the way. We were literally moved to tears."

● Providing excellent community-based opportunities for people was extremely important for staff and management at the service. These included opportunities for people with complex needs who in previous settings were not able to engage in life in the community. Staff were resourceful and flexible in how they helped people achieve their goals and pursue their interest. Some people enjoyed kayaking as part of a club and litter picking expeditions with the local community. Other people visited community art clubs, some of

their work was publicly exhibited. Some people were able to tell us this gave people a sense of fun, inclusion and pride.

●People were fully supported by staff to engage in activities to stimulate and promote their overall wellbeing. The staff recognised and responded to people's social and recreational needs by enabling them to engage in various activities and meet others in similar situations at organised events. Relatives praised the staff team for their commitment to involve people and help them pursue their hobbies and interests and the truly person-centred care provided. A relative said, "The level and detail of care fits like a glove, it truly is outstanding."

Improving care quality in response to complaints or concerns

●The service had not received any formal complaints, but a complaints policy and procedure was in place and people told us they knew who to complain to.

●People told us their concerns were listened and acted on. One person said, "My support team are excellent. I wasn't keen to begin with, but they changed it, I am happy now."

● Relatives told us the registered manager was very responsive to their feedback or any concerns they reported. This meant that issues were resolved before they had to complain. One relative said, "I spoke with the manager about one incident. It was dealt with well and has not reoccurred. I find the staff and owners have always listened and been open to discussion."

● The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.

Meeting people's communication needs

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

● People were provided with information in ways they could understand. This ranged from printed material, with pictorial prompts where needed, to easy read electronic versions.

● Where people communicated using Makaton or BSL, staff had received training and communicated fluently, often verbalising and facilitating conversations where appropriate, so other non-signing people felt included and could join in.

● Some people used electronic communicators, this enabled them to express their wishes and thoughts in a verbalised form, that they otherwise could not do.

End of life care and support

● No-one supported by the service was receiving end of life care at the time of our inspection.

● The service had a pictorial version end of life care plan. This was developed to record, for example, people's individual wishes, funeral arrangements and decisions on where to receive care.

● End of life wishes were discussed with people and their families and recorded when people were ready and comfortable to talk about them.

● Staff had received training about end of life care planning and support.

Good

Is the service well-led?

Our findings

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

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

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was an affective quality system in place to identify any shortfalls in the quality of the service. The provider led the service and but also provided care and support arranging activities. They were supported by the nominated individual (NI) who was also a director and worked alongside staff which enabled them to lead by example. The registered manager and NI undertook a variety of quality audits to ensure the service was safe, responsive to people's needs and met regulations.
- The service had a clear, positive and open culture that was shared amongst the management team and care staff. People were very much at the heart of the service. People and staff told us they would confidently recommend the service to others needing care.
- Accidents and incidents were clearly recorded and received oversight from the provider and registered manager. Risks were assessed and documented, they were reviewed by the registered manager and measures taken to reduce the risk of re-occurrence. Our review of incidents and accidents found a significant month on month reduction. This assured us that measures in place to reduce reoccurrence were effective and sustained.
- The registered manager had informed CQC of significant events that happen within the service, as is required.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. Since this was the first inspection since registration a rating had not been awarded. However, we discussed this with the registered manager, they were aware they must display their rating certificate when received.

Provider plans and promotes person-centred, high quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- There was an open and transparent culture within the service. People and staff told us they could contact the management team at any time and felt supported. Relatives described the management team as, "Excellent" and "Inspirational." All staff had a sense of pride working for the service and believed their views and opinions were valued and listened to.
- A charter of support set out the values and behaviours expected from staff. These were discussed with staff during supervisions to ensure they were fully demonstrated by staff.
- Staff felt the culture at the service was transparent and open. People using the service told us it was well led. One person commented, "This is the best place I have ever lived. The staff listen to me and how I feel is important to them."

● The provider frequently visited the service, they knew people by name, were aware of their support needs and were instrumental in understanding, sourcing and delivering the support required.
● Staff discussed people's support at handover each morning and were kept informed of any changes. There was a confidential text chat group and conference call facility if multiple members of staff needed to be contacted at the same time.
● Subject to successful trialling, care plans were due to be introduced in an electronic format to improve use of staff time and enable access to care notes by family members and stakeholders.

Engaging and involving people who use the service, the public and staff
● A relative told us they had volunteered to act as an advocate for the service to people and their families who were thinking about using the service. This was because they were so impressed with the service, its philosophy and the care and support provided. This was important to them because it allowed them to provide an independent view based on their experience and that of their relative who used the service. They told us their relative had, "Progressed beyond expectation. They were happy, more confident and doing more for themselves." They could not fault the service.
● The service had developed pictorial questionnaires to help enable people to express their views. Staff met with people on a regular basis to ask their opinion on the quality of the service and any suggestions they may have.
●Addition surveys gained the views of stakeholders, people's families and staff. The provider had analysed survey results for the previous year. The results were positive and any suggestions made had been put in place. For example, in relation to activities, food shopping and meal choices.
● Staff attended regular meetings to discuss their practice, keep up to date and make suggestions. They told us suggestions were well received and had included changes around the format of people's reviews.

Continuous learning and improving care; working in partnership with others
● The management team attended in-house and external local forums with other registered managers to keep up to date with any changes and continue to develop best practice.
● Staff had attended external training such as, pain and falls management, provided Kent Coast Clinical Commissioning Group.
● The registered manager and provider had worked extensively with the Kent Learning Disability Alliance, homeopathic practitioners, SaLT teams, physio and occupational therapists as well as the community mental health nurses.
● The provider and registered manager were proud of the improvement they had seen in people; particularly the prospect of two people transitioning to supported living.
● The service worked closely with other agencies including the local authorities and mental health services.