

Cygnet Care Services Limited

# Broughton House and College

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Broughton House is located in the small rural village of Brant Broughton. It is registered to provide services for up to 30 people with learning disabilities, aged between 16 and 25 years old. The service was provided over five units.

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

The service was registered for the support of up to 30 people. Twenty nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the design of the buildings. The service was provided over five separate units. One unit accommodated nine people, two units accommodated six people each and two units accommodated four people each. The living spaces were designed to give people space and privacy. The outside space provided large areas for people to safely spend time.

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

People were extremely well supported by an effective management team and staff group at the service. The staff worked in an open and transparent way, using their quality monitoring processes to provide excellent care for people. The communication and collaboration between people, relatives, staff and the supporting multidisciplinary team meant people received outstanding personalised care which had positive impacts on their daily lives. One relative said, "The leadership is outstanding." They went on to say the team were responsive and empathetic.

Staff had excellent knowledge of the people they supported. They used that knowledge to care for people in a positive and empowering way. People's independence, social and life skills were enhanced by the knowledge and attitude of staff who supported them. People were actively encouraged to expand their horizons and develop in whatever way they could. All achievements were celebrated and shared with people's families in an inclusive way.

We found a caring and empathetic staff group who enjoyed working with the people they supported. Relatives told us there was excellent communication from staff about all aspects of their family member's care. Families were welcomed at the service and felt their relations were treated with care and respect by the staff. Our observations of the interactions between people and staff supported this. Relatives views on their family member's care were used to provide personalised care, and they were encouraged and welcomed to take part in regular reviews of people's care.

People's nutritional needs were well managed, and their different dietary needs were met. People were well supported with all their health needs through established systems of care using the provider's multidisciplinary health professional team, and the well-established links with the local healthcare team.

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

People lived in an environment that was regularly cleaned and maintained to meet their needs. They were supported by a staff group who received appropriate training to support them in their roles.

There were robust safeguarding systems in place which were used effectively by staff who showed an excellent knowledge of their roles in protecting the people in their care. The management team had robust processes in place to ensure learning from incidents and events to reduce future risk or reoccurrence. The risks to people's safety were comprehensively and positively assessed to ensure people were both protected from harm, and could enjoy a full range of life activities safely.

People were supported by a strong staff group who had been through a safe recruitment process, and who received regular monitoring and support from the management team.

People's medicines were managed safely by a staff group who had received the appropriate training for their role.

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

The last rating for this service was Good (3 January 2018)

Why we inspected

The inspection was prompted in part due to concerns received about a possible safeguarding incident.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Broughton House and College

## **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

There were two inspectors who undertook this inspection. Two inspectors attended the service on the first day of the inspection and one inspector attended the service on the second day of the inspection.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had about the service prior to our inspection. This included previous inspection reports, details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team 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 this information to plan our inspection.

During the inspection

During the inspection we spoke with six relatives to ask about their experience of the care provided. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight members of care staff, and a housekeeper. We also spoke with the deputy manager and the registered manager. We reviewed a range of records. This included six care records, medication records and five staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had robust systems and processes in place to ensure people were protected from the risk of abuse. All safeguarding issues were responded to quickly and investigated thoroughly.
- Relatives told us they had confidence in the staff and management team to keep their family member safe, and should any issues arise the team were honest and open with them.
- Staff told us they had received both regular training and support to ensure they felt comfortable in raising any concerns about the safety of people. Staff at all levels were aware of their responsibilities in safeguarding the vulnerable people in their care. A unit manager told us, "I am vigilant, watch behaviours, make sure staff follow the policies and systems. I facilitate things if staff come to me with concerns and support them to report to safeguarding." They went on to say they supported the senior managers with gathering information if there were any alleged incidents.
- The management team had worked with the local safeguarding teams if concerns had been raised. The company's clear safeguarding policies had been followed when incidents or issues had been raised.

Assessing risk, safety monitoring and management

- Risks within the service were managed safely and consistently. Staff carried out comprehensive individual risk assessments to ensure people were supported safely. We also saw risk assessments were reviewed regularly to reflect changing needs.
- People's risk assessments contained detailed information of the different levels of risk, the information informed their care plans. This included how staff should support people to manage their behaviours. The focus was on promoting positive behaviours. Staff received specialised training that focused on managing actual or potential aggression to reduce anxious and aggressive behaviours. The training and information in care plans was detailed and individualised giving staff clear strategies on how to effectively support people.
- Staff showed a clear understanding of how to support people to manage the risks to their safety and allow them a fulfilling day to day life. This included having the right level of support in place for people to access the community and undertake the different activities people enjoyed.

Staffing and recruitment

- People at the service were supported by sufficient numbers of staff to allow them to undertake their daily activities in a safe and supported way. Staff told us staffing levels were good and everyone pulled together to ensure any shifts that needed cover, because of sickness or annual leave, were covered.
- The registered manager told us staff were rotated around the site on a six-monthly basis. This was to both ensure staff had a good knowledge of people's needs and prevent any negative cultures developing. This

meant if staff were needed to cover in different units at short notice or for short periods this could be managed well. One member of staff told us on the day of our inspection they had gone to support staff at another unit, to allow a person to go out on an activity with the numbers of staff required to support them.

- Safe recruitment procedures were in place. This included the provider obtaining at least two satisfactory references and Disclosure and Barring Service (DBS) checks, for all new staff prior to them starting work. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people.

#### Using medicines safely

- People's medicines were administered, stored and managed safely. Each person had a medicine administration record (MAR) which had their photograph, any allergies, and how they liked their medicines administered, recorded. There were daily checks on each shift to ensure people received the medicines they were prescribed.

- People who received medicines on an as required basis had clear protocols in place to guide staff to ensure these medicines were given when needed. People had regular reviews of their medicines by the provider's clinical psychiatrist to ensure the medicines remained appropriate for their needs.

- Staff who administered medicines had appropriate training for their roles and only designated senior staff administered medicines to provide consistency and reduce the risk of errors. The deputy manager for the site undertook medicines spot checks on each unit on a weekly basis and followed this up with an email to the unit managers to highlight any issues.

#### Preventing and controlling infection

- People were protected from the risks of infection, as staff understood their roles in reducing the risks to people and followed safe infection prevention practices. There were hand washing posters around the service in easy read formats. Staff told us they worked to encourage people to wash their hands and instil good hygiene practices when washing, or handling food.

- The service also employed a team of housekeepers to maintain the cleanliness of the service. The head of housekeeping managed cleaning schedules for the site and ensured there were regular checks of equipment such as mattresses. They also acted as a link person with the local authority to keep staff updated with new information on managing infection prevention. They had arranged for the loan of an ultra violet light box, which was used to show how well staff had washed their hands to give staff an understanding of best practice.

#### Learning lessons when things go wrong

- There were very clear processes in place to ensure learning from incidents and events at the service.

- This was achieved in a number of ways. Senior staff always attended any incidents at the service, they supported staff to complete incident forms following events and would discuss any triggers and look at what could have been done differently. Unit managers would also discuss this with their teams. Events would also be reviewed by the clinical psychiatrist to look for trends. Staff were also given the opportunity to discuss issues at their supervision and any significant events would be reviewed at staff meetings.



# Is the service effective?

## Our findings

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

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

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

- People's physical, mental and social needs were holistically assessed. Staff worked with the person, their families and the multidisciplinary team to ensure the assessments undertaken remain relevant for people's care needs and staff could be guided as to the most effective way to support people. We observed staff followed the guidance set out in people's care plans.
- Evidence based guidance such as NICE guidelines were used by the provider to plan and deliver effective care to people. This included the use of positive behaviour plans that set out the steps that should be taken to help people change their behaviour in a positive and meaningful way, and improve their quality of life.

Staff support: induction, training, skills and experience

- The people living at the service presented with complex learning and physical needs, and staff training was tailored to provide staff with the essential tools required to support people in their care.
- Staff showed an excellent understanding of Autism and the different ways people were affected by their condition. This knowledge was supported by using a workbook for Autism practitioners that provided them with information on this complex condition.
- Staff were also trained to manage the different health conditions people may present with. This included supporting people if they had seizures, swallowing difficulties or diabetes. We saw staff using these skills effectively when they supported people.
- Staff were supported with a comprehensive induction plan when they first started at the service. A relatively new member of staff told us they felt very supported during their induction and during the first few months of their employment. They received regular supervisions and were encouraged to talk about how they were managing the challenges of the role and settling into their job. The staff member told us they could talk about any aspect of their role with their unit manager and didn't have to wait for supervision which they had found reassuring.

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

- People's nutritional needs were managed effectively and safely, and people received a well-balanced diet that met their needs.
- Staff showed excellent knowledge of the different ways people needed support. This included working with them to increase their independence by using adaptive cutlery and crockery which we saw they had been assessed to use. Where people required special diets due to health conditions these were in place.
- People's cultural dietary needs were supported, and they received their diets in line with their religious

beliefs.

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

- People's health needs were managed and supported in a holistic way. The multidisciplinary team who provided support for people consisted of a range of health professionals to manage mental, physical and emotional health needs. There were reviews every six weeks of people's care and treatment by the service's clinical psychiatrist who involved the relevant health professionals and relatives in ensuring people's needs were met.
- The use of medicines to support people's behaviours were closely monitored and staff told us they would provide regular updates on behaviour patterns to inform decisions on appropriate use.
- People were supported to attend the local GP for minor ailments, and one dental practice was used to provide dental care for people. The staff worked with these professionals to ensure people were supported in a personalised way to either attend the surgery, or have the relevant health professional come to the service to provide treatment.
- People had information in their plans called a hospital passport that contained a picture of the person on the front. There was information on their health, communication, medication, mobility, personal care, and eating and drinking needs.

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

- The environment people lived in was suitable for their individual needs. Each unit at the service had clear easy read signage to support people and there were different areas for people to spend time. There was a well-used outside area and on the day of our inspection we saw people enjoying the different facilities outside.
- The service had an ongoing maintenance and redecoration programme in place to ensure the environment was safe for people. People's rooms were decorated and personalised in the way they chose. We saw one person's room was bare and had very little furniture in it, however we spoke with the person's relative, who told us their family member was only able to tolerate their environment in this way.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All the people at the service lacked the capacity to make complex decisions about their care. Staff used the principles of the mental capacity act to undertake comprehensive mental capacity assessments to show how people's mental capacity had been established, and to show the ways people were supported to make the decisions they could make. This included using simple language, symbols, objects and pictures to support people make their own decisions
- These strategies were used for a range of different decisions. For example, no one at the service was able

to make complex financial decisions, but people's ability to manage simple financial decisions varied. Staff had worked to people's different levels of ability and had used individualised assessment techniques to support this.

# Is the service caring?

## Our findings

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

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

This meant 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

- People were supported by a group of staff who were exceptionally caring and who considered people's needs and choices.
- Staff had the knowledge and skill to communicate in ways that ensured people were treated equally whatever their communication needs were. They were supported by detailed information in people's care plans.
- Relatives we spoke with were consistent in their praise of the staff who supported their family members. One relative said, "I have to hand [name] over to people and trust they will care for them, and I feel they (staff) do this."
- Relatives told us they were welcomed at the service and knew staff well. One relative told us the way staff supported their family member had resulted in the person being less isolated and had a positive impact on their behaviours. They said, "We are really, really pleased with how staff have managed [name's] care." The relative told us they had discussed the outcomes they wanted to achieve with their family member with staff and told us this had been surpassed as staff had supported their family member to achieve much more.

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

- Staff worked consistently with people and their relatives to support them express their views.
- The majority of people at the service were non-verbal or had very limited verbal communication, Staff used a variety of methods to help them understand people's needs. One member of staff told us that what worked for one person didn't work for another. For example, some people responded to key words, others used visual aids and other people used sign language. Staff were knowledgeable about the individual communication needs.
- Relatives told us they were encouraged and supported to be involved with the development of their family member's care planning. The registered manager told us the plans were developed with people's relatives. Their views and knowledge of their relation's care needs were incorporated into people's care plans. The registered manager knew the importance of supporting families to feel involved and be able to act as an advocate for their family member.
- The service employed an advocate who attended the service each week. An advocate is an independent trained professional who supports people to speak up for themselves. The advocate was not supporting any one person at the time of our inspection but spent their day with people in the different units, observing their behaviours and interaction with staff and their peers.

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

- People's privacy and dignity was maintained, and staff treated people with respect and encouraged them to be as independent as possible.
- Relatives told us they had confidence that staff treated their family member with respect and supported them to maintain their dignity. One relative told us staff had worked with their relative to improve their appearance and have more confidence in themselves. They told us the positive change in their relation was lovely to see. A further relative said, "We are happy with staff they treat [name] with dignity and compassion, treat her like the young lady she is."
- We saw numerous interactions that showed staff working with people to maintain and increase their independence. This was done in small ways such as supporting a person to make a drink or prepare food. All the staff we spoke with were aware of their responsibilities of treating people with respect.

# Is the service responsive?

## Our findings

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

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

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

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

- People received outstanding personalised care from a staff group who had excellent knowledge of their individual needs. Staff worked continuously to support people achieve their full potential.
- People at the service had complex learning difficulties, and the information in their care plans fully reflected how to manage these needs. We spoke with relatives and staff, reviewed care plans and observed interactions between people and staff, and throughout our visit there was exceptional consistency in the way people were supported. Relatives told us the collaboration between themselves and staff fully supported positive outcomes for their family members.
- There were numerous examples from relatives to show how they had been involved and empowered to support their family member's care, and how their knowledge of their relation was used to provide outstanding care. One relative told us when their family member came to the service they had asked to support their family member with their daily routine, so staff would see clearly how the person liked to be supported. They told us staff were open and clearly wanted to use the family member's knowledge to provide the best possible care.
- People were continually empowered to develop life skills. This was recognised through a national vocation award. For some people this meant developing small acts of independence such as making a drink, managing a consistent daily personal care routine, undertaking shopping with staff or developing their I.T skills. This personal development was rewarded each year at an awards ceremony that took place in the local village hall. Relatives were invited and told us it was a very enjoyable positive experience that gave families the chance to celebrate the things they had seen their family member achieve throughout the year.
- Through regular contact with their family member and the staff who supported them, all the relatives we spoke with told us they had seen positive changes in their family member's well-being. One relative, whose family member had been at the service a few months told us, "The change in [name] is marvellous." They went on to say the positive changes had exceeded their expectations. Prior to coming to the service, the person had isolated themselves and was not managing their diet or personal care. They told us the person was now enjoying social activities, excepting support with their diet and personal care, and had developed positive relationships with the staff who supported them.
- One person when they first came to the service showed behaviours of self-harm, self-isolation and ripping at their clothes. The staff who supported the person were able, through their knowledge of them, anticipate potential triggers for these behaviours. They used the person's relative's knowledge of them, combined with support from the occupational therapist to create effective distractions which had excellent results. The person's relative told us this support had totally turned the person life around and had resulted in excellent

outcomes for the person.

- There were a range of strategies in place to support people if they became anxious. For example, some people benefited from the use of weighted blankets or backpacks. Research has shown these strategies has a calming effect when people have sensory overload and gives a sense of security. One person had used a weighted backpack when they went out in the community, prior to its use the person had been prone to anxiety that affected their behaviours. Using the backpack had significantly reduced the person's anxiety.
- Relatives told us the communication from the staff at the service was excellent. Following each six weekly review undertaken by the multidisciplinary team, which included input from relatives, families were sent a letter outlining the results of the person's review. There was also a yearly review for each person. This was very detailed, and families were invited to the service, they received an information pack on the progress of the person and watched a power point presentation on how the year had progressed for their family member. Every relative we spoke with told us their family member's progress had exceeded their expectations.
- Relatives also received regular communication from staff in the way they requested, to keep them informed of people's day to day activities. This could be weekly or twice weekly calls or emails. Relatives also told us they could telephone the service whenever they wanted, and staff were always open and informative about their family member's day to day activities and care.

### Meeting people's communication needs

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

- The service had introduced innovative and individualised ways to ensure people had information in ways they could understand. The focus was on continually developing people's skills. The ways the information was provided empowered people to make their own choices and allowed them to be as independent as they could be on a day to day basis.
- Some people at the service got great pleasure out of using computer devices for both leisure activities and improving their communication. One person had responded to a system that had a picture of an item or activity on switches throughout the service that when pressed had a recording of the name of the item or activity. They were now starting to use a computer system that extended on this system and staff hoped would further improve the person's communication skills. The registered manager told us it was a long term project but if successful would further open up communication for this person.
- Throughout the service there was easy read signage and different symbols that people used to communicate their needs. For example, if people who were non-verbal wanted to communicate with staff there were picture boards with items or activities on them. These boards were in all the units but were personalised for people. Some people and staff also had keyrings which they carried, these had a picture on one side and a symbol or word on the other depicting the same thing. The registered manager told us this was because different people responded to different visual aids.
- Further examples were using objects to prompt people to express their choice about different activities. Staff took a bath plug into one person to show them, the person would put the plug in the bath to show they were happy to have a bath.
- The Registered manager told us they worked closely with the speech therapist employed by the provider to ensure the different projects put in place to support people's communication were suitable for each individual. There was careful planning with staff, families and the multidisciplinary team to ensure these initiatives were undertaken in a structured unrushed way to have the best possible outcome for the individuals.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported in an individualised way to undertake activities of their choice to live as full a life as possible and maintain meaningful relationships with their families.
- Staff showed an excellent understanding of autism and how this affected the behaviour patterns of the people they supported. They were aware they needed to encourage some people more than others, to develop their social skills and embrace new experiences and activities. One relative told us their family member had been prone to isolating and self-harming themselves. Staff worked with the person to gradually increase their communication and social interactions. The relative felt staff's consistent work with their family member had reduced these behaviours and significantly improved the person's life and sense of well-being
- Each person at the service had an individualised social activities programme. This would include group and individual activities that were tailored to each person's interests. Some people enjoyed swimming and the service regularly hired a swimming pool for these people. Other people enjoyed horse riding or trampolining. Staff told us some people just enjoyed the activity but others enjoyed a more structured lesson from the instructor. A staff member told whichever people choose, everyone thoroughly enjoyed the activity and said, "It is lovely to see."
- People were encouraged to go out into the community and staff told us the people in the village knew them and often stopped to say hello. One relative told us the people in the local shop knew their family member by name and regularly engaged with them.
- The registered manager told us they were encouraging people to have a social awareness and take part in community projects such as litter picking on the local beach. They told us people enjoyed walking along the beach and taking part in this. People also took their recycling items to the local recycling point in the village, this gave people the sense of being part of their local community.
- People's relatives were able to enjoy quality time with their family member when they visited. People at the service had created flower beds in the grounds. One relative told us they enjoyed bringing plants when they visited so they and their family member could plant them together. Relatives also kept in touch with their relation through either regular phone calls or video calls.

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure in place for people or their relatives to use, and the registered manager was aware of her responsibilities to manage complaints to ensure good outcomes.
- Staff had a understood their responsibility to manage any complaints made to the service, but told us because they spoke with relatives between one and three times a week, if there were any problems they could discuss any issues and sort out any concerns straight away.
- Relatives we spoke with had not needed to make any complaints about the service as they told us the registered manager and her staff were very responsive to any issues of concern they raised. They told us the service was very open about anything that happened and because of this they had not needed to make any complaints.

End of life care and support

- End of life care was not provided at this service. However, if relatives wished people's preferences about their end of life needs were discussed and recorded in their care plans.



# Is the service well-led?

## Our findings

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

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

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Throughout our inspection and in all our conversations with relatives and staff it was clear that the people who used the service were at the heart of how the care was delivered. Relatives told us they felt the leadership at the service was outstanding. There were excellent examples of how people had been empowered to expand their horizons and a whole team approach was used to ensure there were successful and positive outcomes for people.
- The registered manager and deputy manager knew all the people in their care very well, and were able to discuss the individualised strategies used for each person, giving clear rationales as to why their care was delivered in a particular way.
- This oversight was enhanced by regular meetings with the unit managers to discuss people's behaviour patterns and physical health needs. This clear oversight meant if the unit manager felt a person in their care needed an urgent review from any of the health professionals who supported the service, this could be arranged in a timely way.
- One relative gave examples of how well the unit managers worked with the key worker for their family member, to provide consistent person centred care. The person was very sensitive to their environment and liked their own space. The management team had suggested purchasing a summer house for the person, so they had their own space other than their bedroom. The relatives told us this had been extremely successful they said, "This place is all about choice, and this has really helped [Name's] behaviours."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were clear and robust processes in place which the registered manager and their team used to act on the duty of candour.
- The registered manager was both open and honest when there were incidents and events at the service. Every relative told us they were informed straight away if there were any issues of concern in relation to their family member. They were informed in the format they requested and told us the registered manager, deputy manager and unit managers were always very clear and candid when discussing events with them. Relatives told us it gave them confidence in the management team.
- The registered manager ensured they, and all the management team worked to the company's policy when managing any complaints, safeguarding issues or whistle blowers. They ensured the relevant

authorities such as the local safeguarding team, police and ourselves at CQC, were informed straight away and the guidance the service received was followed.

- The unit managers and senior staff on all shifts showed a consistent and clear approach in their understanding of their responsibilities. One member of night staff explained the policy was to report any safeguarding concerns within an hour, and all staff knew how to do this. They told us the registered manager and deputy manager's phone numbers were available to them, and they always knew who was on call for support.
- All the staff we spoke with told us the registered manager regularly discussed the importance of openness with relatives and relevant authorities to protect the people in their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure at the service had been established in a way that ensured staff at all levels felt supported. There were clear lines of communication in place, so people were cared for in a consistent way. The quality monitoring processes in place were embraced by staff as a way to consistently improve the quality of care.
- The quality of care people received was monitored closely. All incidents were audited and analysed to establish any trends. The registered manager told us people had recognised patterns of behaviours, but any escalation of anxieties that required physical restraint would be monitored closely to establish any causes. A member of staff gave an example of one person whose behaviours had increased in the period leading up to our visit. They told us it had been quickly established the person had an acute illness that was treated quickly and had a positive effect on the person's wellbeing.
- All the information gathered by the teams relating to people's behaviours was used constructively by the multidisciplinary team to affect positive outcomes for people. The service worked in line with NHS England's pledge to stop the over medicating of people with learning disability, autism or both (STOMP). Staff were aware of the importance of ensuring robust reporting, as their information helped form the picture which supported the most effective treatments for people in their care.
- Staff told us there were regular debriefings following incidents or events to help them identify any triggers, this information was used to continually assess risks and make adjustments to care if this was needed. There were regular supervision meetings for staff who felt supported by the processes in place. Staff told us if they wished to raise issues with either the registered manager or the deputy manager they felt comfortable and encouraged to do so.
- There were regular quality monitoring audits in areas such as medicines and environment. The deputy manager told us the unit managers used the feedback they were given from their medicines audits to improve quality in their areas. They told us it was a matter of pride for each unit to show they managed the administration of medicines safely.
- All the staff groups showed an understanding and sense of ownership for maintaining high standards of care. We spoke with the senior housekeeper who undertook audits within their role such as mattress audits. They also received feedback from the registered manager and deputy manager who had audited their team's work. They took ownership of actions from these audits and we saw evidence that actions from action plans had been completed by them.
- We received statutory notifications about events in the service in a timely way, with details of actions carried out, and how the management team had learned from incidents and events and implemented measures to reduce reoccurrence.

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

- The registered manager and their team worked hard to involve, both people using the service, and their

relatives or advocates in initiatives in the service.

- Although many people's relatives were in regular contact with their family member, either through visits to the service, home visits, telephone or video calls, it was not easy for them to attend relative's meetings. The deputy manager told us they were working with relatives to gain their views on setting up a "People's council". The level of involvement for each person would vary, but the deputy manager was gathering the views of relatives on how best to support people to be involved so their views on their care could be heard. The initiative was a new concept which would be more tailored to the needs of the people at the service.
- During our visit we saw there was a major upgrade in place to improve the internet access at the service. The registered manager told us this would improve the broadband access and greatly improve the video calls for people, making the communication with their families even easier.
- Relatives told us there was excellent engagement from the management team on the different initiatives that took place to enhance their family's member daily life. They received a regular newsletter which showed the different activities that had been introduced. Such as the service using the autism friendly cinema programme in the area, and the local social awareness initiatives people took part in, that included the recycling and beach combing project.
- The service worked hard to develop strong links with the local community and this had the result of local resident's acknowledging people from the service when they were in the community. People regularly used the local shop in the village. A number of people also enjoyed attending a church in Lincoln for music and song sessions. Recently the registered manager had also been working with the new religious leader in the village to set up a similar regular event in the village for people.
- The staff at the service were open and confident during our visit. They clearly enjoyed and were proud to work at the service. The external professionals we spoke with before and after our inspection, also told us they experienced the same clear professional attitude when engaging with the registered manager and their teams.

#### Continuous learning and improving care

- There was a strong emphasis on learning and developing at the service for both people living there, and the staff supporting them. There were positive risk assessments in place to develop people's life skills.
- The service provided care for people between the ages of 16 and 25 years old, the vision of staff supporting people was to equip them with the mechanisms and skills to be as independent as they could. For some people this may be very small improvements in their abilities, but any developments in people's skill sets were celebrated, and the emphasis was on continual improvement. Relatives gave us many examples of how this had been achieved as cited elsewhere in the report.
- Staff development was also actively encouraged in the service. The registered manager told us there was an apprenticeship in management training, that some staff were undertaking. The registered manager told us the provider wanted to empower their staff through learning, so they had the best skill set to provide excellent care for people.

#### Working in partnership with others

- The Staff at the service worked in partnership with a range of healthcare professionals so when people required treatments they received the treatments in the way that was best for them.
- The staff had worked to build a strong relationship with the local GP practice, and this had resulted in people being treated effectively by the local GP practice. Where possible staff took people to the surgery, and where people became anxious the GP had made adjustments to accommodate them.
- When people needed to attend hospital appointments staff always supported them, and worked with the hospital autism liaison team to reduce the stress of any appointments. Staff told us this worked very well, on the day of our visit one person had attended hospital. The staff told us the arrangements they had made with the hospital had worked in a seamless way, and the person was very relaxed before, during and after

the appointment. When the person returned to the service they engaged with us in a happy and positive way.