Resolve (Care Northern) Limited

Resolve

Inspection report

Low House
Binchester Lane Ends
Bishop Auckland
County Durham
DL14 8AW

Tel: 01388458128

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12 June 2017

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This inspection took place on 23 and 31 May 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. We also contacted family members and relevant health and social care professionals on 12 June 2017.

Resolve provides care and accommodation for up to seven people with a learning disability. On the day of our inspection there were six people using the service.

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

We last inspected the service in November 2014 and rated the service as 'Outstanding' overall. At this inspection we found the service remained 'Outstanding' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following legal requirements in respect of Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported to attend visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Resolve. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Person-centred care was at the heart of the service. Health and social care professionals said the service was "highly supportive" of people who used the service and "worked effectively" on people's behalf.

Management and staff were able to talk in great detail about each person they supported and the best way to support them. People who used the service told us about how they could make choices and do what they wanted to do.

The service was flexible and responsive to people's individual needs and preferences. Staff planned people's care and support proactively and in partnership with them.

The provider had developed innovative and creative ways to provide people who used the service with training and education opportunities. People were supported to play a key role in the local community and were encouraged and supported to engage with groups outside of the service.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The registered manager demonstrated how they had sustained outstanding practice, development and improvement at the service, and the service had a strong emphasis on continually striving to improve. The registered manager said, "We really want to influence national practice" and spoke positively about the service, describing their role as, "Balancing safety with a happy life and a positive outcome" for the people they supported.

The provider worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. Health and social care professionals told us the service was "well led", "one of the best led I have come across" and "forward thinking in how services should be developed."

The provider had innovative ways of keeping staff up to date with new developments and staff talked about the importance of being good role models for the people who used the service.

People who used the service were empowered to voice their opinions and felt listened to.

The provider gathered information about the quality of their service from a variety of sources and was meeting the conditions of their registration.

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 remains Good.

Is the service effective?

Good

The service was effective.

Staff were suitably trained, supervised and appraised in their role.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding

The service was extremely responsive.

People's care plans were very person centred and contained meaningful information about how a person wished to be supported.

People received care and support to enable them to develop and become an active part in the local community.

The service used a range of imaginative and meaningful activities to ensure people retained their independence and took pride in completing tasks and opportunities.

The provider took complaints seriously and complaints were a standing agenda item at house meetings.

Is the service well-led?

Outstanding

The service remains Outstanding.

Resolve

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 31 May 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. We also contacted family members by telephone and relevant health and social care professionals on 12 June 2017. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with six people who used the service, three family members and received feedback from five health and social care professionals. We also spoke with the registered manager, the registered manager from the provider's other location, four care staff, a day service worker and the housekeeper.

We looked at the care records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

Family members we spoke with told us they felt their relatives were safe at Resolve. They told us, "I'd say he's safe living there" and "Safe? Oh, yes." A social care professional told us, "The service is excellent on client safety and risk management."

The provider had an effective security system in place at the home. Finger print technology was used to enter and leave the building, and the front gate could only be opened electronically.

There were sufficient numbers of staff on duty to keep people safe and to support people to access the local community. We discussed staffing levels with the registered manager and looked at staff rotas. The provider did not use bank staff or agency staff and any absences were covered by the service's permanent staff. Staff, people who used the service and family members did not raise any concerns regarding the staffing at the home. A family member told us, "I can't fault them [staff] in any way."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and investigated. General risk assessments were in place for the home and specific risk assessments were in place for people who used the service. These included risks from prescribed medicines, the health risks of being overweight, and the risks to others from inappropriate behaviour. These described the potential risks and the control measures to be taken to reduce the risk.

The provider had a health and safety policy in place, which described how staff and people who used the service would be protected as far as reasonably practicable from health and safety risks in and around the work place. This included a 'Health and safety management plan', which described the actions and responsibilities of staff to ensure the safety of the premises. Staff were issued with a health and safety handbook and signed to say they had read and understood the handbook and would comply with the rules in the interests of health and safety.

A clear understanding of health and safety procedures was demonstrated to us by the housekeeper who showed us records of food preparation dates and refrigerator temperatures. We also observed one of the day service workers reminding people to wash their hands before a meal break.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Electrical testing, gas servicing and portable appliance testing (PAT) records were all up

to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We found the registered manager understood safeguarding procedures and had followed them. The provider had policies in place for 'Safeguarding adults and preventing abuse' and 'Dealing with allegations of abuse'. The safeguarding file included a copy of the local authority safeguarding risk threshold tool, and copies of statutory notifications and safeguarding alert forms. Staff had been trained in how to protect vulnerable people and this training was up to date.

We found appropriate arrangements were in place for the safe administration and storage of medicines. The provider had a range of medicines policies in place. Audits were carried out monthly and checks were carried out by senior staff twice per day.

There were no covert medicines in use at the home. Covert medication is the administration of any medical treatment in disguised form. Two of the people who used the service administered their own medicines. These medicines were kept in people's own bathrooms. Appropriate risk assessments were in place for the people who administered their own medicines. The remainder of the medicines were stored in a locked cabinet in the office.

Care records provided clear explanations as to why medicines were required and described how people wished to be supported with their medicines. For example, "I would like staff to support me to take my medication as without this I think I would forget to take my medication or I might take the wrong dose."

Medication administration records (MAR) were in place for each person who used the service. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. These included a photograph of the person, details of any allergies, and GP contact information. Records included an easy to read section to help people understand what their medicines were for and why they were taking them.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A person who used the service told us, "All the staff here are the best." Family members told us, "The staff are brilliant with [name]", "I'm very happy with everything. They cater for his needs" and "I get on with the staff, they are like a family."

Staff were supported and appraised in their role, and received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions were in depth and included a review of actions from the previous supervision, training and development needs, personal needs, working with colleagues, timekeeping and attendance, feedback from staff and people who used the service, and any other issues. Supervisions also included a 'Task monitoring tool', where updates on tasks allocated to the member of staff were reviewed. For team leaders this included audits of medicines, petty cash, care delivery and infection control. For care staff members this included cleaning schedules, food temperature monitoring and the signing in and out of keys.

The majority of staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider deems necessary to support people safely and included medicines, health and safety, fire safety, moving and handling, first aid, food hygiene, infection control, and safeguarding. Each member of staff had a continuous professional development record and additional training was provided as required to effectively support the people who used the service. For example, training in anxiety, understanding autism, and working with people with a learning disability and offending behaviour. Two members of staff were employed as day service workers and supported people who used the service to access and work in the garden. The two staff had been trained by the Royal Horticultural Society. Two other members of staff had been supported to enrol on the Health and Social Care Higher Apprenticeship programme. This is a professional qualification for managers and senior staff who work in a social care setting.

New staff completed an in depth induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. The induction to the service was flexible and the registered manager told us there was, "No expectation for new staff to be a fully-fledged member of staff until six months." The induction included the completion of a workbook and a weekly supervision with a senior member of staff.

The provider had a 'Nutrition' policy and all people new to the service had a nutritional assessment carried out to identify any nutritional needs. Care records showed how people had been involved in planning their diets and were aware of any interventions that were required to support them with their dietary needs. For example, one person had been successful at losing weight and their care record stated, "I have done really well with my weight loss since I moved to Low House [the local name for Resolve]. I need a lot of support from staff in this area" and "I continue to have a tendency to binge eat and make unhealthy diet choices. If unsupported, I will choose quantity as opposed to quality when choosing snacks and meals." We saw the

person had an appointment with the dietitian on the day of our inspection visit and the dietitian stated the person was now at a "healthy weight."

Care plans provided guidance to staff on how to support people with their dietary needs. For example, "Ensure [name] has larger portions at meal times – extra carbs", "[Name] still to have supper if he has had a snack at the club or his sweets from his walk" and "[Name] to be weighed two weekly and any concerns regarding weight loss to be reported to the manager."

Menus were planned every week with the people who used the service at the 'Taking part' meeting and included people informing staff of any likes, dislikes or preferences. We observed lunch and saw people being offered a choice of puddings, fruit and drinks. The atmosphere at lunch time was friendly, polite and respectful. One person told us they had eaten a much wider range of food since moving into Resolve.

The service had developed effective ways of communicating with people who used the service. For example, staff had tried to encourage one person to go the beach but they were reluctant to venture outside. Staff knew the person was interested in photography so said to the person, "We need some photos of the beach." The person replied, "I'm your man for that!"

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities. They had a DoLS authorisation matrix in place so they could monitor when DoLS were due, when they had been authorised and the date CQC had been notified of the authorisation.

Written consent was obtained from people for their care and support. Staff carried out training in consent, which included when and how to gain consent, types of consent, mental capacity, and rights versus responsibilities.

People received effective care and support from health and social care professionals, and care records contained evidence of visits to and from external specialists. These included GPs, dentists, opticians, dietitians, social workers and a community forensic nurse.

Good

Is the service caring?

Our findings

People we saw were well presented and looked comfortable with staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity.

There was evidence of people's families and friends being able to visit and of people being supported to go out with them. Two of the people who used the service showed us photographs of themselves on days out with family members.

People were involved in the running of the home. Meals, activities, maintenance and décor of the home were discussed at the 'Taking part' meetings and people were able to contribute to discussions. People who used the service talked about having a takeaway on a Saturday night. When we asked how it was decided what kind of takeaway they had, one person told us, "We have a vote."

People who used the service were treated with dignity and respect. We observed staff knocking on bedroom doors and waiting for permission before entering people's rooms. Care records described how staff were to promote dignity and respect people's privacy. For example, "I like to be clean and well presented" and "On a Monday to Friday I would like a member of staff to knock on my room door to wake me up." We saw responses to surveys carried out by the provider that said, "They [staff] knock on my door when they want to enter my bedroom" and "If I want five minutes, I can go to my bedroom to chill out for a bit."

A 'Dignity do's" guide was on the notice board in the lounge area. This explained how staff would, "Support people with the same respect you would want for you or your family", "Enable people to maintain the maximum level of independence, choice and control" and "Respect people's right to privacy." The registered manager told us this was put into practice via staff training and monitored via observations, surveys and one to one meetings with people who used the service.

Care records described how people were supported to be independent and to care for themselves where possible. For example, "Every week I have an ILS [independent living skills] day when I will tidy, vacuum and dust my bedroom. I need staff to support and encourage me in this area", "As part of my ILS day, I am supported to prepare tea and coffee for breaks", "I use my alarm clock to support me to wake up at 7am. I can set this myself the day before", "I don't need any support to make my bed and I put my dirty washing into my laundry basket before coming along for breakfast" and "I am independent with all my personal care needs and can complete these to a high standard. I also know what items I need to buy and I am able to add them to my shopping list."

People had support plans in place to promote independence. These included, checking off the food shopping and putting it away, writing a shopping list, cleaning out the food cupboards and food ordering. These provided step by step instructions for people to follow so they could achieve the tasks independently. A health care professional told us, "On visiting the service we were impressed with how they have created a service that obviously treats people as individuals and looks at how to support them in the community to enable them to remain as independent as possible." This demonstrated that staff supported people to be

independent and people were encouraged to care for themselves where possible.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us some of the people using the service at the time of our inspection had independent advocates. The service used a local independent advocacy service that helped people make decisions.

People did not have end of life care plans in place. We discussed this with the registered manager who told us it was not appropriate for the people who were using the service at the time, however, arrangements would be made in the future if it was identified there was a need.

Outstanding ☆

Is the service responsive?

Our findings

An initial assessment was carried out of people's needs prior to moving to the service and ongoing care planning was regularly evaluated and reviewed with health care professionals. Health and social care professionals told us, "We saw individual care plans which had obviously been developed alongside the service user taking their views into consideration" and "They [provider] are highly supportive of clients and work with people who have complex and difficult backgrounds. They understand the importance of long term rehabilitation and are able to advocate effectively on their clients' behalf."

Management and staff were able to talk in great detail about each person they supported and the best way to support them. For example, they understood the need for one man to be spoken to with firm, clear instructions to help reduce anxiety and the risk of inappropriate behaviour. The person confirmed this to us by saying, "I want to be spoken to firmly."

The provider had a 'Person-centred care planning policy', which described the provider's commitment to person-centred care and the procedures for staff to follow to incorporate person centred values into their care provision. Person-centred care means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. We saw people's care records were person-centred. For example, one person's care plan described their progress towards independent showering. The person initially had to be prompted by staff to carry out personal care whilst in the shower, but staff had identified the person was able to use the picture exchange communication system (PECS) and had developed a picture sequence for the person to follow whilst in the shower, and for drying themselves once out of the shower. The care plan described how the person had been involved in the process and the progress they had made. For example, "I started by staff taking me through this picture by picture as I carried it out, however, I have now progressed to staff staying in my room whilst I shout to them which step I am on" and "Staff should ensure that I am actually carrying the steps out and not just shouting these out. This can be monitored through the time I spend in the shower, the use of products and my general presentation on a day to day basis."

People who used the service told us about how they could make choices and do what they wanted to do. One person told us, "It's fabulous. The staff are out in the garden with us, helping us to do what we want to do." A person's care record described what time they liked to be woken in the morning, how they wanted staff to wake them, and what time they liked to go to bed. Another person's care record stated how when they woke up every morning, they opened their bedroom door and told staff what they would like for breakfast.

Another person experienced anxiety issues. The registered manager had identified the person had not spent a large amount of time in the community and new, unfamiliar experiences were unsettling for them. The registered manager had put a plan in place to gradually introduce new people and experiences to them. For example, a key worker had been allocated to the person for consistency and someone the person could discuss concerns or anxieties with. Staff had been trained in how to effectively support the person's transition, individual quality time was offered to the person, and the person was asked to complete a 'Mood

monitoring tool', where they could record their emotions and review them weekly with their key worker. This resulted in the person becoming more familiar with their environment, staff and routines, and as a result, their anxieties had reduced significantly enough for them to have some unsupported time in the community.

We found the provider protected people from social isolation. People had individual plans in place for activities, which described what people enjoyed doing and other activities people could take part in to improve their confidence and social skills. For example, "I have many planned and social activities that I will participate in on a weekly basis but there will also be opportunities for me to choose activities on an adhoc (unplanned) basis" and "I am able to try new things if the opportunity arises at short notice or as a taster session." The provider had identified one person enjoyed walking and interacting with animals so had encouraged them to join a local dog walking group. The person was supported by a member of staff to attend the group. Another person was supported to attend a local social club and their care records described in detail how staff were to support them in this activity.

All of the people who used the service were involved in their own football team that played in a local league, and were proud of the number of games they had won. One person told us, "It's a really good feeling being part of a team." People were also involved in an initiative called, 'DIY Friday', where everyone got involved in doing jobs around the house, such as touching up the paintwork. These activities enabled people to feel involved and encouraged people to work together as a team, learning new skills.

The service had developed innovative and creative ways to provide training and education opportunities to people who used the service, and to develop their social skills and other independent living skills. Some of the people enjoyed cooking and carrying out tasks in the kitchen, and had attended a course at a local college. We saw copies of the certificates they had been awarded. One person's care records showed they had limited opportunity to cook in their adult life and the experience of cooking and helping out in the kitchen at Resolve, and their attendance at the sessions run by the local college, had helped them to gain more confidence in this area. A family member told us, "He's come on really well."

Another area where people were given the opportunity to develop skills and responsibility was in the service's garden project where people were supported by two members of staff. Full plans of support had been developed by the provider for people working on the garden project. These included the days of work, times and lengths of breaks, and the availability of appropriate clothing and safety equipment. People were involved in the planning process, which included carrying out research on the Internet and making lists, visiting garden centres and shops to purchase items, planting flowers and crops, and watering the plants, borders and hanging baskets. To assist people in identifying the correct tool and to put tools away properly, a shadow was painted behind each tool to show where it should hang. One of the day support workers told us this also meant they could tell at a glance if something was missing.

One person's care record stated, "Over the time I have lived at Low House [the local name for Resolve], I have really developed my skills in this area [garden] and have progressed to the stage where I can now work in the garden without direct staff support." One person told us, "I get a real buzz out of putting a seed in, watering it and seeing it grow." The person proudly showed us a wall they had built and told us they had done it as part an accredited qualification.

A family member told us, "[Name] is never out of the garden. He loves it. They've done a lot of work with him and he has learnt a lot. He has a better understanding altogether now, thanks to them [Resolve]." Another family member told us, "[Name] has come on really well. He's making planters and all sorts of things. I just couldn't fault it in any way."

One person had expressed an interest in attending a voluntary placement in the community. The registered manager arranged for the person to spend time at a local church where they assisted with the maintenance and cleaning. The person also assisted at a luncheon club for local elderly residents in the church hall where they set up and cleared away tables, and stayed for lunch. These opportunities to engage with the local community had helped the person develop time keeping, organisational skills and communication, and had helped to boost their self-esteem. A family member told us, "He has come on so much. He is doing things he would never have done at home. He goes into the community and helps at the church hall. He helps the women prepare the meals and has a certificate on his wall from the church."

A staff member told us, "It's about what happens in the community as well. These men are now respected in the community. They are a credit to this place as much as it has benefitted them."

A person who used the service showed us photographs of himself carrying out the weekly vehicle checks and he talked about this and how the people who lived at Resolve were learning new skills all the time. Another person told us, "I get to do more things here than the last place I lived. If I was marking out of 10, I would only give that a three." We asked him what rating he would give Resolve. He told us, "10 out of 10."

The provider had a complaints policy and procedure in place. This described the procedure for making a complaint and how long the complainant would expect to wait for a response. An easy to read version of the policy was available for people and explained, "What we do to try and stop things going wrong." Complaints were a standing agenda item at house meetings and people were asked if they were aware of the complaints policy. There had not been any complaints recorded at the service.

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been in post since the home opened. The registered manager demonstrated how they had sustained outstanding practice, development and improvement at the service, and the service had a strong emphasis on continually striving to improve. They told us they saw their role as, "Balancing safety with a happy life and a positive outcome" for the people they supported. They also told us, "We really want to influence national practice."

The registered manager told us of the new training packages they were developing for staff, based on research and best practice in their field. These included, setting professional boundaries and working with risk. A new training facility was being built at the provider's other location, which would be used to train staff at both the locations and as a library of resources for staff to access. The registered manager told us staff members had been accredited by the Chartered Institute of Environmental Health so they could deliver training to their colleagues. The registered manager for the provider's other location told us about the work they were doing with an information technology provider to develop a bespoke electronic care management system for both the locations.

The provider had written a number of published articles, including in the Journal of Intellectual Disabilities and Offending Behaviour, the Journal of Applied Research in Intellectual Disabilities and Learning Disability Today, about their model of care and the impact this has had on the lives of the people who used the service. The registered manager told us they had presented at a recent Learning Disability Today conference and one of the people who used the service had spoken at the conference. The registered manager encouraged the person to tell us about it and they told us that people at the conference had said they were, "Inspiring." This had given the person more confidence to speak in public.

The registered manager told us about the accreditation process they had applied for with the National Autistic Society (NAS). Management and staff attended regular networking sessions with NAS and staff had attended specialist training including sensory, anxiety, behaviour and autism. Representatives from the service were attending a networking meeting in September 2017, where two of the people who used the service were going to present. This was to enable the people who used the service to share their experiences with others and explain what worked best for them.

The provider had been approached by Durham University to become involved in a three year project called 'Healthy bodies, healthy minds', which had been set up to get adults with a disability involved in sporting activities. Staff and people who used the service had benefitted from this project, for example, they had received coaching from Sunderland football club and had set up the service's own football team.

People who used the service had taken part in the 'John Muir Award' scheme, which was an environmental award scheme based on 'wild places'. The aim of the scheme was to help people connect with nature and enjoy and care for wild places. This enabled people who used the service to undertake meaningful activity in the community and build positive relationships with people outside of the home.

Health and social care professionals told us, "I consider the service to be well led with all staff receiving high levels of training and supervision", "The service is one of the best led I have come across" and "Both [registered manager and registered manager of the provider's other location] answered all questions in a honest and clear way and have developed a service that I would say is both safe and well run and also forward thinking in how services should be developed."

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team. One staff member told us of the "good quality of support" staff received from management, they would always be "happy to take any concerns to management" and "confident they [management] would listen and respond". Staff told us they felt "looked after" by the provider. Staff talked about the importance of being good role models for the people who used the service and the whole process was reflective. Staff were regularly consulted via surveys and meetings. One staff member told us, "We are always looking at what we can do better."

A person who used the service told us he wanted to "clone" the registered manager and the registered manager of the provider's other location. They said it was because "there must be other people like us who need them". Family members told us, "I get on really well with [registered manager]", "They [management] are friendly and always keep me up to date", "I would say they [provider] are very outstanding" and "I can ring [management] if I have any queries."

The provider had innovative ways of keeping staff up to date with new developments and what was going on at the home. All the staff had access to electronic tablets and mobile phones that the provider used to communicate with staff and update them with information about the service. A member of staff told us they received email alerts when not on duty to make sure they read important information when next on shift. Electronic tablets were also used for the home's menus and one person who used the service told us it was a good idea because everyone knew what they were going to be eating.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. Annual audits were carried out based on the CQC five key questions and if any issues or improvements were identified from these audits, an action plan was put in place that recorded how they would be actioned and by whom.

People who used the service were empowered and listened to. For example, people were asked to provide references for staff who were applying for internal promotion and had a say in the employment of a new member of staff. House meetings were held every weekend and people who used the service took it in turns to chair the meetings. Annual questionnaires were sent to people who used the service and were based on the CQC five key questions. Additional surveys were carried out and included annual food satisfaction and stakeholder surveys, and admission surveys for people who were new to the service.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.