

South West Action For Learning and Living Our Way Limited

64 Chilcompton Road

Inspection report

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Ratings

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

Summary of findings

Overall summary

64 Chilcompton Road is a residential care home which provides a respite service for up to three people at a time. 64 Chilcompton Road is known to the people who use it and staff as 'Base House' and we shall refer to it this way in this report. Base House provides an opportunity for people with a learning disability to further develop their independent living and personal skills in a safe environment with the view of moving on to supported living. On the day of our inspection there was one person staying at Base House who was available for us to talk to.

At the last inspection in April 2016 the service was rated Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Key questions continued to be rated Good and one had improved its rating to Outstanding. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The people who stayed at Base House and used the service were provided with high quality, safe and caring support which was exceptionally responsive. People received highly personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social needs. People came to stay at Base House for respite on a regular basis.

During the inspection there was only one person staying at the service but we based our judgements on the support and care provided to them and others who received regular support.

Base House focussed on wellbeing and ensuring people had a sense of purpose. The aim of the service was to provide respite but also to help people further develop their independent living skills with a view towards moving on to supported living. People had been asked about their individual aspirations, such as moving into their own flat, learning to cook more Italian meals or getting a paid job. Staff then worked with people to create plans of action in order to work towards each aspiration. One person spoke to us about and others wrote about their achievements and relatives commented how much their loved one had learnt during their time at the service.

Staff demonstrated to us they cared strongly about people's wellbeing in every aspect of their lives and worked towards improving each person's happiness and wellbeing. Staff promoted people's equality, diversity and ensured their human rights were upheld. Staff spoke confidently to us about how they fought for people's rights and gave us examples which demonstrated they put people's individuality and personal wishes before all else.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of innovative ways. For example, the service had recently been awarded money, following the delivery of a presentation by people and staff to a local 'Dragon's Den', in order to put on a ball. People were very excited about this taking place.

There was evidence of quality monitoring leading to continuous improvement and people were actively involved in the running of the service. People had given their feedback about the service during a South West Action For Learning and Living Our Way Limited (SWALLOW) evaluation day. Some of the top feedback

was that people were "treated like adults", the service "met people's individual needs", that staff were "kind, caring and thoughtful" and that staff "made people feel valued."

The care service has been developed and designed in line with the values that underpin "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were protected from risks relating to their physical health, their mental health and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Where this was needed, staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines was regularly checked. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the service. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the service were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered. The service was person-led and empowered people to discuss their views. One person discussed their role in the organisation's management committee and told a member of staff; "I am your boss! You've got to listen to what I say!"

Further information is in the detailed findings below

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 remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

Is the service well-led?

Good ●

The service remains good.

64 Chilcompton Road

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 20 May 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

Over the course of the inspection we spent time in Base House (64 Chilcompton Road) speaking with one person who used the service and two members of staff. We looked around the home and spent time with the person using the service in the lounge, the dining area, the kitchen and the bedroom they were staying in. We observed how staff interacted with this person throughout the inspection and spent time with them over the breakfast period. We then also spent time in the head office, situated a few minutes' drive away, where we spoke with one of the registered managers. Following our inspection we received written feedback about the service by four relatives.

As there was only one person using the service at the time of our inspection and this person was able to clearly talk to us about their experience we did not conduct a SOFI during this inspection. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. We did, however, use the principles of SOFI when conducting observations around the home.

We looked at the ways in which medicines were managed, the ways in which meals were prepared and served. We reviewed in detail the care provided to three people who regularly used the service, looking at their files and other records. We reviewed information about staff recruitment processes and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Is the service safe?

Our findings

The home continued to provide safe care.

The person we spoke with confirmed they felt safe in the service and felt comfortable and confident with staff. We saw people who used the service had been asked whether they felt safe when staying at Base House (64 Chilcompton Road) in their care reviews and they had responded with comments including; "Yes very safe." One person's relative commented: "He is safe and happy."

Each bedroom at Base House had a safe in the room for people to be able to lock away any valuables they brought in with them. Bedroom doors could be locked from the inside to give people privacy and security and staff were able to open the doors from the outside in the case of an emergency. This contributed to people feeling safe when staying in the service.

The people who used the service had a variety of needs relating to their physical health, their mental health and their communication skills. People's needs and abilities were assessed prior to using the service and reviewed regularly. Each person had a care plan they helped staff create which explored potential risks to their health, safety and welfare. Each risk had been identified and plans had been put in place to ensure these were minimised. For example, one person wanted to self-administer and manage their medicines. Staff had ensured they were able to do this whilst also completing a risk assessment and ensuring the person was safe to do so. This ensured people were kept safe whilst also supporting their freedom of choice and independence.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Base House provided care for people as young as 16 years old and therefore staff had received training in both adult safeguarding and child safeguarding. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Accidents and incidents were recorded and where these had taken place, the registered managers and the team leader had discussed these with staff and taken action in order to ensure they did not reoccur. The service was both responsive and proactive in dealing with incidents which affected people.

Staff confirmed that people's needs were met promptly and there were sufficient staff. Staffing numbers were responsive to people's needs and we saw people were supported to take part in activities they wished to take part in. The usual staffing of Base House was one carer for three people. The team leader told us that when a particular person would come to stay for respite at the service there would be two members of staff on duty. This was due to this person requiring more support. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall, so people's needs could be met by the staff members that knew them. In addition, the service had on-call arrangements for staff to contact senior staff for additional advice or support if needed.

We reviewed the staff files for three members of staff. We saw that relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks associated with employing unsuitable staff.

Systems were in place that showed people's medicines were managed consistently and safely by staff. All

staff had received training in the management of medicines and their competencies were regularly checked. Some people who stayed at Base House were completely independent with their medicines and required no support. Others required prompting and some needed staff to store and administer their medicines to them. We looked at the ways in which these people's medicines were stored and recorded. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date when these were stored in Base House.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan in place. Regular checks were undertaken in relation to the safety of equipment and emergency procedures in the home.

Base House was clean, pleasant and homely. Staff were aware of infection control procedures and ensured the people who stayed in the service also knew this information. Staff and people had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection when completing cleaning tasks. Training records showed staff had received training in infection control.

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

When we asked the person who was staying in Base House at the time of our inspection they confirmed they received good support from the service. They said "It's very good." We saw some completed feedback forms and reviews and saw people thought they received good care. Comments included; "I love coming to Base House", "I like coming here because it's good independent living skills and I've made some good friends here" and "I love it and live it! This is my second home, I could live here!" Relatives made comments including; "I would like to say I am impressed of the care and support my daughter is getting in Swallows Base House", "I would like to thank the staff for the great job they do" and "Don't know what we would do without it."

Base House focussed on helping people develop their independent living skills with a view towards moving on to supported living. They achieved this by completing thorough assessments of people's individual skills in a large number of areas, ranging from making the bed to completing their food shopping. Staff then created plans and worked individually with people to better develop skills where these were needed. One of the registered managers told us they were a highly successful service as a number of people had progressed to supported living with minimal support following a period at Base House. Each person was working towards their own personal goals and achievements. We heard how the person we met during our inspection had been supported to develop their cleaning skills and had now secured a paying cleaning job. They were very proud of this and told us so. People's relatives made comments including; "She has learnt many skills over time." We saw some written feedback people had given about Base House and they said; "I've learnt how to cook, how to make a bed, how to do my laundry and how to do the hoovering. The basics" and "I learnt to write down what I need for my shopping list and go and find it at the shop." Staff knew how to respond to people's specific health and social care needs. They spoke confidently about the care and support they delivered and understood how they contributed to people's health and wellbeing. Where people had needs relating to their mental health these had been fully assessed and plans had been put in place along with people's input, their relatives and external healthcare professionals. Staff demonstrated to us they cared strongly about people's wellbeing in every aspect of their lives and worked towards improving each person's happiness and wellbeing. One person gave some feedback about Base House which stated; "I think I've got better at being myself and not being so agitated about everything. I don't worry so much."

People were supported by staff who knew them well and had the skills to meet their needs. Recently completed feedback forms contained comments from people which included; "Base House is amazing and brilliant staff" and "All swallow staff are brilliant." Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff had undertaken training in areas which included the Mental Capacity Act 2005, safeguarding adults, safeguarding children, medicine management, infection control, food hygiene, first aid, fire safety, health and safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. We spoke with two members of staff who spoke highly enthusiastically of an intensive two day Makaton training course they had recently been on. They told us a large number of staff had attended and they were already seeing an impact of this on people who used the service. Staff were encouraged to undertake further training and undertake courses to benefit their careers and the people who

used the service. One member of staff told us how the service was paying for them to undertake a counselling course at Bath College. They told us they were already putting their learning from this course into practice by improving communication and relationships with people, staff and relatives. The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff knowledge and identify any gaps in training needed. Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. 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. Staff told us that nobody who stayed at Base House lacked the capacity to make any decisions. They said, "We do a lot of encouragement but people make their own decisions. We have no one who is under the MCA or requires us to make decisions for them." During our inspection we saw staff asking the person for their wishes and their opinions. The person made their wishes known through the use of verbal exchanges, signs, body language and facial expressions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of these pieces of legislation and when they should be applied. At the time of our inspection no person who used the service was being deprived of their liberty and therefore no applications had been made to the local authority.

People were supported to maintain a balanced diet. People were actively involved in choosing the meal they would have each evening, to purchase the ingredients and cook the meal. People were encouraged to learn about healthy eating and staff emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. The person we spoke with told us about the meal they had cooked the previous night, which had included salad and quiche, and how they had prepared breakfast for them and the staff. We saw other people's feedback comments about the food they prepared included; "Learnt lots of things. It was cool learning to make cheese sauce last week" and "I like to cook food. You learn which way is healthier and which is not. I enjoyed the meal where we grilled the halloumi and had it with a massive salad. It was really good."

If needed people were supported by staff to see external healthcare professionals such as GPs and dentist. However, this did not happen often due to the nature of the service. Staff used any advice or guidance from external professionals to plan and deliver people's care. External professionals were often invited to people's care reviews and their opinions were sought and listened to in order to provide better care for people when they stayed at the service.

People's individual needs were met by the adaptation, design and decoration of the premises. People had a variety of spaces in which they could spend their time. Each person who stayed had their own drawer in a chest of drawers in one of the three rooms. This contained their personalised items such as bedding to ensure their bedroom felt personalised when they came to stay. The service had a redecoration programme in place and people were actively involved in choosing the colour/design of the communal spaces. A brand new kitchen had recently been put in and people spoke highly of this within their feedback forms.

Is the service caring?

Our findings

The service continued to be caring.

The person we spoke with during our inspection demonstrated to us their fondness for the staff. We saw them smiling, laughing and sharing jokes with the staff. They were clearly comfortable in their presence and enjoyed their company. Staff interactions were good humoured and caring. Comments from relatives included; "The staff are great", "All team is very supportive to my daughter, and staff is very professional and polite" and "The staff are friendly."

Staff treated people with the utmost dignity and respect when helping them with daily living tasks. People had given their feedback during a SWALLOW evaluation day about what the service did well. Some of the top feedback was that people were "treated like adults", the service "met people's individual needs", that staff were "kind, caring and thoughtful" and that staff "made people feel valued." We saw during our inspection that staff spoke to people respectfully and gave them praise which was earnest and not patronising. When we were speaking with one person about the things they had learnt whilst at Base House staff encouraged them to tell us about a number of things and said "You should be so proud of having accomplished that" and "You have done incredibly well." The person responded to this by smiling and going into details about these aspects with confidence.

The atmosphere in Base House was homely and welcoming. People were encouraged to see it as their second home when they stayed there and took part in daily activities, such as cleaning, cooking and decorating.

Staff promoted people's equality, diversity and ensured their human rights were upheld. Staff spoke confidently to us about how they fought for people's rights and gave us examples which demonstrated they put people's individuality and personal wishes before all else. People's care plans highlighted how staff were to advocate for people and what steps to take should people ever encounter discrimination in the community. The registered managers championed equality and diversity and ensured staff employed at the service shared their values. People's care plans included the statement; "All SWALLOW staff are absolutely committed to achieving disability equality and eliminating disadvantages experienced by disabled people and discrimination on the grounds of disability."

Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. They did this skilfully through the use of people's preferred communication methods, such as signs, symbols and objects of reference to enable them to decide what they wanted to do. The person who was staying in Base House during our inspection told us how they had wanted to go to the fayre the evening before and staff had supported them to go. They told us with glee about the rides they had gone on. People clearly had very good relationships with the staff with lots of smiles and laughter during interactions. Staff spoke fondly about people and were keen to ensure people had a good quality and meaningful life by thinking about other activities they could explore for people. Staff had a 'can do' attitude with people central to this, seeing beyond people's disabilities.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people accessing the service and each person's specific interests. They explained that

it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

One of the registered managers told us the staff at Base House were very caring and gave us examples of times they had gone above and beyond for people. They told us about staff giving up their own time to organise the music for a weekly "Boogie Night" people attended and how they ensured each person could request songs they liked during the evening. They also told us about staff making cakes in their own time to share with people and collecting and donating raffle prizes to raise money for activities.

Staff valued people's privacy and respected people's dignity. People were able to lock themselves in their rooms for privacy, although staff were able to open the doors in the event of an emergency. One person had completed a recent feedback form to state; "Yes they respect me. And I respect them." Staff did not discuss people in front of others and showed respect for them and their privacy when speaking with us. Care plans contained clear instructions for staff to follow in order to best ensure people's privacy and dignity were respected.

Is the service responsive?

Our findings

People received exceptionally personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

During our inspection there was only one person receiving respite support at the service but Base House provided care and support to a wide number of people who came to stay on a regular basis. We therefore reviewed the support plans of three people who regularly attended Base House for respite support and spoke with staff about their support needs.

People's needs had been assessed and from these, care plans had been created for each person and these belonged to them. Each person's plan was regularly reviewed and updated to reflect their changing needs. People and their relatives had been involved in the creation and the review of these. Several people had written their care plans themselves and these had been typed up word for word and formed the basis of how staff supported them. The person we spoke with during our inspection told us they saw their care plan whenever they wanted and told us they had looked at it the night before. We saw a number of entries had been changed or updated in the person's handwriting.

There was a focus on wellbeing and having a sense of purpose for people. People had been asked about their individual aspirations, such as moving into their own flat, learning to cook more Italian meals or getting a paid job. Staff had then worked with people to create plans of action in order to work towards each aspiration. We saw people regularly achieved their aspirations as these were regularly reviewed and new ones created. One person had recently achieved their aspiration of getting a paid job. They were extremely proud of this and told us so.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of innovative ways. SWALLOW (the provider) and staff ensured people had access to as many opportunities as possible to aid their social needs, mental health and overall wellbeing. For example, during a recent evaluation day, where people who used the service were asked for their views on how to improve the service, people suggested they would like to have a ball to go to. The organisation, being a charity, was unable to find the funds to put on a ball and therefore applied to give a presentation at a local 'Dragon's Den' who awarded money for local causes. Staff, along with people who used the service, put on a presentation and were awarded the money to organise the ball. Staff told us people were very excited about this and the person we spoke with at the inspection said "I'm so happy. I'm going to wear a long dress."

People had access to activities that met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. People were supported to take part in crafts, go for walks, go to see films, go to fun club events, disco nights and other such activities. The night prior to our inspection the person using the service had been supported to go to the fayre which they enjoyed.

Comments from relatives included; "Sometimes they go out to the cinema or to the pub to play pool, which he would never have done had he been at home. Sometimes they go for a walk" and "(Name of person) enjoys doing the many activities provided."

Following a recent evaluation day where people were asked to share their views about activities they would like to take part in, a plan was made to respond to these where possible. We saw that plans were in place to

organise photography classes, day trips, football matches, bowling, guitar lessons and a pool tournament, amongst a number of other plans.

People were encouraged and supported to maintain relationships with family, friends and the local community. There was a focus on making new friends and connections in order to have a wider circle of support when people moved on to living independently. A few years previously a few people had stated they wanted a place to meet with their friends and make new friends. The organisation set up a café which was run by SWALLOW staff and people who used the provider's services, including Base House. The person we spoke with during our inspection told us about having worked at the café the day before and how much they enjoyed this. The organisation also made sure they were outward facing and part of the community by running pop up cafes for various events and holding discos and clubs. People who used the service were involved in working at these cafes and attending the various events in order to gain skills, make new friends and interact with the public. One relative said; "Going to Base house has enabled (Person's name) to communicate with different people and take part in other activities."

Staff were asked for their views and feedback regularly and their opinions and ideas were listened to. For example, one member of staff told us they had recently suggested the idea of increasing Base House's community presence by getting involved with local primary schools. They told us the registered managers had listened and had made this suggestion one of the top 25 things they would be completing in the coming year. They told us with passion how this would impact on the people who used the service but also on the understanding and acceptance of disability in the wider community. They told us about some people who used the service who loved spending time with children and some who would gain experience and skills in this area for potential future jobs. They also spoke about the need for children to better understand disability in order to bring about a more respectful and inclusive society.

People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. People's histories were taken into account, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

We looked at how the organisation complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used to express themselves. For example, one member of staff told us one person had a completely individual sign language they had devised themselves. Staff told us how they had all learned this person's language and could communicate with them fluently. They told us new starters shadowed staff when supporting for this person for as long as needed until they could confidently understand them and be understood by them. The service used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, using pictures and symbols when planning people's days.

Staff demonstrated they knew how best to communicate with people. One member of staff told us how they not only ensured they moulded their communication styles to each person's specific needs, but how they also did this for people's families. They told us about one person's relatives who also had communication difficulties and how they always ensured they spoke with this family face to face in order to ensure they were able to gain and share all important information. They also told us this had helped immensely in improving the relationship with this family and their confidence in them to support their loved one.

There were many opportunities for people to voice their opinions and any complaints they may have. A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. We saw one person had been unhappy about the actions of a member of staff and had called one of the registered managers directly. They had discussed their concerns and a member of the management team had come to see them right away. Their complaint was recorded, investigated and acted upon. The registered manager spoke with this person and told them how very proud they were of them for raising their concerns and feeling confident to know their self-worth and value.

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way.

Is the service well-led?

Our findings

The service continued to be well led.

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

South West Action For Learning and Living Our Way Limited (SWALLOW) is a charity organisation which provided people with safe, effective, compassionate and high quality care from 64 Chilcompton Road (known as Base House). In March 2018 SWALLOW was recognised by the Parliament Institute of Leadership and Management as being an organisation offering best practice in care and support.

The leadership of the service consisted of two registered managers, one of which was the chief executive and the other was the day to day manager, and a member of senior staff. The member of senior staff at Base House was in charge of supervising the staff and overseeing the care and support provided. The registered managers had an active role in the service by conducting regular spot checks and audits and being approachable and available to anyone who wanted to speak with them.

The culture of the service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. Staff spoke highly of the registered managers with comments including; "You can speak to either of them. They are both approachable and it works well." People and relatives felt comfortable raising any concerns with the registered manager or the member of senior staff. One relative commented; "(Name of the member of senior staff) is lovely approachable lady who is looking from all corners at well-being of my daughter, and it can be quite challenging."

The registered managers had a clear vision for the service and it being user led. They told us they ensured staff believed in this vision from the moment they applied for a post by making it clear the values they were looking for within their job advert. Potential staff were then interviewed by management and people who used the service. Regular supervisions and spot checks also enabled the registered managers to ensure staff were supporting people in a way that reflected their vision and values. Where staff performance required improvement this was raised but the management also thanked and congratulated staff when performance met their standards. One member of staff said; "We get emails from (names of registered managers) thanking us all the time. We are praised for doing good jobs. It's really lovely." The registered managers had also organised for people who used the service to pose for a photograph holding up individual letters which spelled out 'thank you'. This photograph was made into cards which were given to staff when they went above and beyond or did something which had a positive impact on people. This resulted in staff who were proud to work for the organisation and a very low staff turnover. This benefited people who used the service who could rely on a happy, valued and stable staff team.

The registered managers were always looking to improve and regularly sought ideas from people who used services, their relatives, staff and external healthcare professionals. Staff meetings were regularly held and feedback surveys were completed. There was evidence of quality monitoring leading to continuous improvement and people were actively involved in the running of the service. The organisation had formed a

management committee which was led by people who used the service. People were regularly asked for their feedback, views and ideas and then these were discussed at the management committee. The person we spoke with during our inspection told us they were a member of this committee and how they enjoyed it. They demonstrated how the organisation empowered people to discuss their views and that these were listened to by turning to member of staff during our discussion and saying; "I am your boss! You've got to listen to what I say!"

The registered managers recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided. Surveys were also regularly completed by people using the service, relatives and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. These were in an easy read format and where needed, staff helped people complete them with the use of Makaton, symbols, signs and picture cards. All comments received in the last survey were positive.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. Our inspection found that the organisation's philosophy was definitely embedded in Base House. There were strong links with the local community. People attended local events and attended the local SWALLOW café which added to their inclusion in the local community. People attended this café and worked there whenever they wanted, not just when they were staying at the service. People benefited from a good standard of care because SWALLOW and Base House had systems in place to assess, monitor and improve the quality and safety of care in the service. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding and staffing. Regular spot checks were carried out and where these or audits identified issues, action plans were created and action was taken to improve where required.

The registered managers were aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.