

United Response

United Response - 17 John Street

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Outstanding



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

The inspection was carried out on 17 and 18 August 2015 and was unannounced. At the time of our inspection the service was providing support to five people.

The service provides care for adults who have complex needs and learning disabilities. The provider had considered people's needs and abilities when designing the premises. The building had been adapted to provide a spacious living area for people who use wheelchairs and to meet people's health, physical and wellbeing

needs. People had easy access to a well maintained garden and a spacious conservatory. Raised beds provided opportunities for people to be involved in growing flowers and vegetables. Staff and the registered manager had added finishing touches through imaginative décor, colourful soft furnishings and pictures which created a welcoming and homely environment for people to enjoy.

Summary of findings

The service provided amazing care and support to people to enable them to live fulfilled and meaningful lives. Staff were skilled at ensuring people were safe whilst encouraging them to stretch their potential and achieve as much independence as possible. People and relatives were very positive about the service they received. Comments included “We are so pleased and satisfied of the care that my relative receives here”, “This place is led well from the top and it spills down to the lower levels extremely well” and “It is an excellent place”.

The leadership provided by the registered manager, with superb support from the provider, was excellent. The registered manager and staff team demonstrated passion and commitment to providing the best possible care and opportunities for people.

There was enough staff to meet people’s needs and to ensure they were able to access activities and be part of their local community. The provider operated safe and robust recruitment and selection procedures which people were involved in where possible.

Staff protected people’s privacy and dignity. All interactions between staff and people were caring and respectful, with staff being consistently patient, kind and compassionate. Staff demonstrated affection and warmth in their contact with people, which was clearly reciprocated.

Thorough investigations had been carried out in response to safeguarding incidents and these had also been appropriately reported to CQC by the provider. Learning from incidents was evident in adjustments to procedures such as how medication was handled, to ensure people were protected from harm. Comprehensive audits were carried out by the management team to ensure the appropriate improvements took place within the home.

Records and conversation with the registered manager and relatives showed that people were listened to and complaints or concerns were taken seriously and responded to appropriately. There was a clear complaints procedure which was available in pictorial form.

The registered manager ensured that staff had a full understanding of people’s support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Each member of staff had a personal

development plan to enable them to think creatively about the support they provided to people. Staff were able to access additional training to ensure they understood and could support people effectively. Staff were clear about their roles and responsibilities and received excellent support from the provider and registered manager to provide care for people.

A variety of choices of food and drinks were offered at the home. Staff used a number of different methods to tempt the appetites of people who were reluctant to eat. Staff supported people to eat and drink with patience and dignity. A holistic approach was taken to supporting and promoting people’s health and wellbeing. The registered manager was proactive in seeking advice and input from a range of therapists, health and social care professionals on behalf of people.

The provider demonstrated how they had sustained outstanding practice, development and improvement at the service. The leadership sought out creative ways to provide a personalised service and had achieved good results through close working with other agencies. Staff recognised the importance of new concepts of care as a way to improve people’s standard of living. They were highly motivated and were actively involved in and contributed to continuous improvements in care.

Staff had received training in Mental Capacity Act 2005 (MCA) to make sure they understood how to protect people’s rights. There were guidance in relation MCA and people were asked for their consent before staff carried out any care or treatment. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager, provider and staff ensured that people were supported in ways that did not restrict their freedom and were looked after appropriately.

People who used the service, family members and external agencies were highly complementary about the standard of care provided. The registered manager involved families and other agencies to ensure people received the support they needed to express their views and make decisions that were in their best interests.

Staff supported people with patience and an unhurried approach to ensure they promoted active involvement their care and do as much as possible for themselves.

Summary of findings

People had full, varied and personalised activity programmes. These were designed to provide a variety of familiar and new experiences for people to lead fulfilled lives in accordance with their individual interests and abilities. People were encouraged and supported to engage with their local community through involvement with their local church, the local library and visits to local amenities such as pubs, leisure centres and the library.

There was a strong emphasis on person centred care. All the care records showed people's needs were continually reviewed. The plans ensured staff had all the guidance and information they needed to enable them to provide individualised care and support. People and their family members were consulted and involved in assessments and reviews.

The registered manager demonstrated passion and commitment to people, strong values and a desire to

learn about and implement best practice throughout the service. Staff were motivated and proud of their work they did. The service had developed and sustained effective links with organisations that helped them develop best practice and contribute to the development of other organisations that supported people with disabilities.

The registered manager used effective systems to continually monitor the quality of the service and had on-going plans for improving the service people received. The provider gathered information about the quality of their service from a variety of sources including people who used the service, their family and friends and external agencies. This was used to enable the provider to identify where improvement was needed and to implement and sustain continuous improvement in the service.

Summary of findings

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.

People were protected from the risk of harm because the provider had systems in place to manage risks. Medicines were managed safely and recruitment procedures ensured the employment of suitable staff.

People were safeguarded from abuse. The provider had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staffing levels were flexible and determined by people's needs.

Good



Is the service effective?

The service was outstanding in ensuring people received effective care and support.

People received innovative care and support that was based on their needs and wishes. Staff understood how to apply the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards to ensure people's rights were protected.

Staff were skilled in meeting people's needs and received on-going support from the registered manager to ensure they delivered the best possible service. People's dietary needs were well catered for.

People were encouraged and enabled to have their voices heard, both within the service and the local community.

People were supported to stay healthy, active and well.

Outstanding



Is the service caring?

The service was outstanding in providing caring staff to support people.

The registered manager and staff were committed to a strong person centred culture which put people first.

People had positive relationships with staff that were based on respect and shared interests. People were treated with dignity and their confidentiality was respected.

Relatives felt staff went the extra mile to provide compassionate and enabling care.

Outstanding



Is the service responsive?

The responsiveness of the service was extremely good.

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support and their representatives was used to drive improvements.

Outstanding



Summary of findings

Is the service well-led?

The leadership and management of the service was outstanding.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group. The registered manager ensured this was consistently maintained.

The service worked effectively in partnership with other organisations and forged positive links with the community to improve the lives of people with disabilities.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Outstanding



United Response - 17 John Street

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 checked 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.

We visited the service on 17 and 18 August 2015 and the inspection was unannounced. One inspector and an Expert by Experience conducted the inspection visit. The expert-by-experience had personal experience of caring for family members with disabilities.

Before our inspection we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is information

about important events which the home is required to send us by law. We also contacted the local safeguarding team, commissioners and health professionals who worked with people at the service.

We looked at how people with complex needs were supported by using our Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were.

During our inspection we spoke with four relatives, four members of staff and a district nurse who was visiting people. We also spoke with the registered manager and a member of the provider's management team who was conducting a quality audit of the service. We spent time looking at records, which included three people's care records and daily notes, menus, staff rotas and three recruitment records and records relating to the management of the service.

We last inspected the service on 10 December 2013, when no concerns were identified.

Is the service safe?

Our findings

Relatives we spoke with were confident their family members were safe living at 17 John Street. They said, “(The family member) is absolutely safe. It is almost like being in an extended family. My relative is so well liked”, “We have no concerns about safety” and “We are not worried about safety. (The family member) is looked after so well.

Detailed policies were in place in relation to safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures in the office which was accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults as part of their essential training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were always protected. Staff felt confident that any reports of abuse would be acted upon appropriately. The registered manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three of the most recently employed staff. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants’ identity. As part of the staff recruitment process, people who used the service were given opportunity to meet and spend some time with applicants. The way applicants related to people and how people responded was observed and considered before a decision to offer employment was made. This made sure people felt comfortable and safe with staff who would be supporting them.

There were enough staff to meet people’s needs and provide personalised care and support with activities. Staff were always present when people spent time in the communal areas and people who were spending time in their rooms were checked regularly. Staff responded quickly so that people did not have to wait for support or assistance. Staff told us there was enough staff on duty to

meet people’s needs and support them with their activities. In an emergency, relief staff, who are employed by the service to provide cover, could be called in to cover any staff absences such as holidays or illness. There was flexibility in rotas to allow for additional staff to provide support for activities, outings or holidays.

A range of environmental risk assessments that had been conducted and recorded with detailed action plans which provided guidance for staff about how to minimise risks. These covered both the internal and external areas of the home as well as vehicles which were used to transport people when they went out. The risk assessments identified specific hazards and control measures, which had been put in place to minimise the potential risk in the event of accidents and incidents.

The registered manager monitored and analysed all accidents and incidents and reported these to the provider for further analysis. This would ensure any learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again. The registered manager had acted promptly when it was noticed that a person had missed a dose of their prescribed medicine. The registered manager informed the provider, the local authority safeguarding team and CQC of the omission. The person’s GP was also consulted to make sure appropriate advice was obtained so that the person was safeguarded. The registered manager immediately carried out a thorough investigation and put additional measures in place to minimise the likelihood of this happening again. People were protected from the risk of harm because learning from accidents and incidents took place.

A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. Records showed that all necessary checks were carried out on equipment and installations such as gas and electricity. This ensured they were safe and in good working order. All the staff had taken part in a fire drill in the last year to make sure they understood what to do to keep people and themselves safe. Each person had an up to date personal emergency evacuation plan (PEEP). There was also a ‘disaster plan’ in place. These were kept in an easily accessible place and included important information

Is the service safe?

about the care and support each person needed in the event they needed to evacuate the premises, were taken to hospital or elsewhere in an emergency, ensuring continuity of care for people.

All medicines were stored securely and at safe temperatures. Procedures for administering medicines included having two members of staff involved. One to dispense and one to check the correct medicine and dosage was administered. Staff who handled medicines were trained to do so safely. Support was received from the local pharmacist who dispensed people's medicines into a

monitored dosage system. Records showed that a full audit of medicines, including people's Medication Administration Records (MAR), were audited each week. The application of prescribed topical creams/ointments was clearly recorded on a body map, showing the area affected and the type prescribed. Records were signed to show that the medicines had been applied at the correct times. Information about the management of medicines was easily accessible by staff and guidance was available which described safe dosages and how to recognise any adverse side effects.



Is the service effective?

Our findings

Relatives told us they were confident in the staff team and felt they were well trained. One relative said, “I am very confident about the staff’s abilities. I know that new staff shadow experienced staff. They also get training from a charity for deaf and blind people”.

The provider and the registered manager had developed and established strong links with and sourced training from a charity which supported people living with sight and hearing impairment and other disabilities. This relationship had helped the service to continually develop and improve communication with people. We observed the successful outcome of all the work undertaken, in the positive and meaningful interactions and relationships between staff and the people they were supporting. Although most people were not able to communicate verbally, the way staff communicated with people was very effective which was evidenced by people’s general contentment, expressions of pleasure and reduction in behaviours that challenged.

Staff were provided with intensive interaction training which enabled them to establish different ways to communicate with people and generate their trust. The provider had funded training for the registered manager in sign language which had been cascaded to staff. Staff had put this learning into practice in creative and personalised ways to communicate with people effectively. Individual hands on signs were used for people who were sight impaired so they could feel them and understand what was about to happen. Before people were moved using a hoist staff used their hands, moving them up or down on people’s arms to sign that people were going up or down before the action took place.

People were able to identify who was able to communicate with them. Staff used other signs which were unique to each person to communicate with them. Where people had severe sight and hearing impairment, each staff member was assigned a different way of touching them to greet the person and let them know they were there. This enabled people to identify which staff member was supporting them. Other signing methods were used such as Makaton (Makaton is a signing system understood and used by some people with learning disabilities) in different ways to enable staff to communicate with people effectively.

The provider had considered the design of the building to ensure the premises met people’s individual needs. People’s rooms and communal areas were attractively decorated and furnished to provide a bright and homely environment and reflect people’s different personalities. Different adaptations and creative design ideas were incorporated to assist people with sensory impairments to orientate them to the different areas of the home. For example, the colour of the carpet in front of each bedroom door was darker than the rest of the carpet to make it easier to locate their individual doors. There were deliberately placed creaking floorboards in some areas to alert people that someone was approaching. Dado rails were placed along walls which differed in design between each bedroom door so people could locate their own rooms by touch. The provider had considered, researched and provided adaptations and facilities to support and improve people’s quality of life.

All staff had completed an induction when they started in their role. Learning and development included face to face training courses, e-Learning, coaching and workbook assessments. New staff worked alongside experienced staff for as long as necessary to ensure they were competent to work alone with people. Staff felt the training increased their confidence. Staff told us, “The training is really good. You can always ask for more training if you need it” and “Excellent training, better than anywhere I have worked in the past”. Staff confirmed that additional training was provided to enable them to meet people’s individual needs.

The provider was committed to ensuring all staff who worked at the service had the necessary knowledge and skills to support and care for people appropriately. The service induction included ‘Principles of care’, ‘Support not care’ and ‘Advocacy’. During the two week induction period the experience and particular needs of people were covered in depth. For example people’s individual health needs and how these presented. When agency staff were used they had a two hour induction before they started working with people. The provider shared the cost of this with the agency to make sure agency staff understood the particular needs of each person and how to meet them in a personalised way. Agency staff commented on how useful they had found this, “It was highly useful”, “Excellent idea to do this” and “Enlightening”.



Is the service effective?

All staff members had a personal development plan and were required to complete a relevant qualification such as National Vocational Qualifications at level 3. Staff completed essential training courses, such as first aid and fire safety. In addition staff completed best practice courses, such as communication skills, person centred support and person centred thinking skills. All the courses equipped staff to think creatively about how to support each person to enhance their quality of life. We saw examples of how staff put their learning into practice. For example staff had made a string map for one person about their daily life and relationships so they could follow it by touch. This map had been developed over a period of time to expand the person's life experiences and people they came in contact with. This showed the provider had ensured that staff had exceptional knowledge and skills to meet people's individual needs, enhance their quality of life and ensure their safety.

Staff confirmed they received regular supervision including one to one staff development sessions to enable them to improve outcomes for people. All staff had an annual appraisal to review their performance and identify any further training needs. We observed and staff confirmed that staff worked as a cohesive and flexible team, supporting people and one another willingly and cheerfully to ensure the best outcomes for people.

There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act 2005 in general, and in the specific requirements of Deprivation of Liberty Safeguards (DoLS).

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict their freedom. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put this into practice effectively, and ensured people's human and legal rights were respected. The registered manager understood the legal requirements and had applied to the local authority for the appropriate authorisations for people where their freedom was restricted.

People were involved as far as possible in all decisions about their care and treatment. Family members were also involved to provide support and advocacy where more complex decisions needed to be made. Other agencies such as the local authority learning disability team and health care professionals were involved where appropriate. One person was supported to attend a best interest meeting with health and social care professionals in relation to a treatment which the person needed. In the meeting a step by step description of the treatment was explained, using objects and physical aids to explain to the person who was then able to give their consent. Numerous examples were recorded of best interest meetings in which people and their relatives were always involved. The registered manager was committed to ensuring people were given as much control over their own lives as possible.

The registered manager took an active role in promoting best practice and ensuring people's meal time experience was enjoyable. Their passion and enthusiasm was mirrored by the staff. Staff supported people in an unhurried way, giving people their undivided attention, gently and patiently encouraging them to eat and communicating with them throughout the meal in ways people could understand. Staff demonstrated a person centred and flexible approach in the times meals were offered. Meals were offered at the times that suited each person in accordance with their individual needs and preferences. People were provided with all the support they needed to eat and drink sufficient amounts.

Meals times were relaxed and sociable. Records showed that people's weights were monitored to ensure they were getting the right amount to eat and drink to sustain their health. Detailed and up to date nutrition assessments and care plans in each person's care file provided guidance for staff about people's preferences, dietary needs, food allergies and the way in which support with eating and drinking should be provided. Records showed that a wide variety of food combinations were tried to tempt people to eat when they were reluctant to do so. It had been recognised that one person preferred crunchy foods and this was reflected in their care plan and records of the foods they were offered. Where it was identified that people could be at risk from dehydration or malnutrition, advice was sought from the GP and referrals were made to a dietician to make sure people received a balanced diet that was appropriate for them. Referrals were also made to speech and language therapists to make sure people were



Is the service effective?

getting the right kind of support to eat and drink. There was guidance recorded in people's care plans about how to recognise signs that the person made which might indicate reasons why they did not want to eat so these could be addressed.

Staff worked in a variety of ways to improve outcomes for individuals. They used creative ways to involve people in the preparation of their meals and to tempt their appetites. Staff took people into the kitchen with them, involving them as much as possible in the process. People were encouraged to smell various foods and experience different textures. This enabled people to be actively involved in making choices about what they wanted to eat. We observed that bergamot and tangerine oils were also burned to help stimulate people's appetite. The approach to meals and mealtimes was personalised to take account of people's individual needs and preferences and create an environment in which people wanted to eat. These methods encouraged those who were reluctant or had difficulty in eating and contributed significantly to improving their health and wellbeing.

The registered manager and staff placed a strong emphasis on the importance of eating and drinking well for people which took into account their complex needs and health conditions. They had researched connections between people's individual diets and a variety of health issues. Advice had been sought from a qualified nutritionist. As a result adjustments had been made in people's diets, in consultation with other health professionals. Probiotic foods were provided for people whose medicines were known to adversely affect their natural levels of vitamins and minerals essential to good health. The registered manager has been proactive in requesting and obtaining additional food supplements from health professionals. One member of staff was a qualified nutritionist who shared their knowledge with the staff team. As a result one person skin condition had improved since changes had been made to their diet. People benefitted from this application of learning to improve peoples well-being.

The registered manager was committed to promoting people's health and wellbeing. Each person had a personalised health action plan. This set out their specific health needs and provided guidance for staff about how to monitor and improve people's health. The registered manager actively supported staff to make sure people experienced good healthcare and led meaningful lives. In

weekly practice meetings with the staff team they focussed on each person, to discuss their individual health needs. Staff worked closely with the epilepsy nurse specialist and a London hospital in order to be able to respond quickly to changes in people's epilepsy patterns and reactions to medicines. Seizures were tracked in detailed records to make sure that patterns were identified and triggers could be avoided. Medicines could then be adjusted accordingly. There were clear written protocols for 'as required' medicines and treatments (prescribed medicines which were only given as required) for epilepsy. These were personalised so that staff knew when and how to give people this treatment.

Staff followed individualised physiotherapy programmes which had been developed for each person to promote their health and wellbeing. Records showed that these were carried out in accordance with the recommendations and advice of the physiotherapist. The registered manager was proactive in seeking out support and guidance from health professionals. They had organised a meeting with one person, their health professional team and relatives to review the person's health. The registered manager had developed a plan and wanted to make sure all agreed and were able to contribute.

All the people at the service used wheelchairs to move around. People were encouraged and supported to lead healthy and active lives regardless of their physical abilities. Staff used 'hand over hand' techniques to help people to fully experience engagement with a range of activities such as gardening. Some people enjoyed the trampoline each week. This showed that people were encouraged to be as active as possible and to try new activities. One member of staff described enthusiastically how they were building a body board with wheels for one person so they could propel themselves around, improving their physical fitness in an enjoyable way.

People were supported to attend health appointments and staff were quick to seek advice where there were any concerns about people's health. A district nurse who was visiting people told us they were impressed by the holistic approach to people's care at the service and the capability of staff. The district nurse expressed confidence in the competence of staff to care for people with a variety of complex health needs, giving examples of this in the effective management of nutrition for people who received their food via a PEG.



Is the service caring?

Our findings

People showed by their affectionate interactions with and positive reactions to staff that they were happy and felt well cared for. Relatives were consistently positive about the caring attitude of the staff. They told us staff were, “Kind and caring. Absolutely no issues – brilliant” and “They really do go the second mile, so caring and understanding”.

Staff had developed positive relationships with people. The variety of the staff skills had been used with good effect to match staff to people so that they could enjoy shared interests together such as football matches or going to concerts. People showed that they valued their relationships with the staff team. We observed through people’s facial expressions and body language that they responded positively to staff who were working with them rather than for them. There were lots of smiles and expressions of pleasure.

The registered manager and staff had worked together with people and their families to develop detailed individual communication plans for each person. These included descriptions of the person’s vocal sounds, facial expressions, gestures and body language alongside information about how to interpret these. There was clear information for staff about how to recognise when people were distressed and needed comfort, which was important for people who did not use verbal communication. Staff had all the information they needed to help them to understand what people were saying or how they were feeling so that they could respond appropriately to people’s requests and expressed needs.

The registered manager described to us how they set time was set aside for staff to engage with people in one to one conversation using appropriate communication methods. Staff described how they used, “Objects of reference” for people with sensory impairment to help them to understand where they were or what was going to happen. For example one person who had severe sight and hearing impairment was given an empty medicine pot to hold so they knew it was time to take their medicines. There was a coffee machine in another person’s room which staff switched on in the morning so that the person knew when they smelled the coffee it was time to get up.

Staff were highly motivated to offer care that was kind and compassionate. Relatives described how staff members

had gone the extra mile to accommodate their family member’s wishes and aspirations. One relative told us, “They go out of their way to accommodate (The family member’s) likes and dislikes. (The family member) likes to go on a public bus during rush hour, staff take (the person) whenever they can”. The registered manager praised the staff team and gave examples of how they had gone ‘The extra mile’ to provide an excellent standard of care. The registered manager described how staff regularly donated hours to be with people for particular activities and holidays.

Staff were compassionate, sensitive and patient. We observed that staff worked with calm, quiet efficiency. People were very comfortable with and trusted the staff that were supporting them.

Staff recognised the importance of building a trusting relationship with people through shared experiences. Time was built into people’s days, other than when personal care was being provided, for ‘Shared sitting’ or ‘Floor play’ when staff intentionally spent time with people, communicating with them through a variety of means including touch and pictures. Staff took time to make sure they understood people’s wishes and respected them. Staff were comfortable in displaying warmth and affection toward people whilst respecting their personal space. Staff recognised the importance of self-esteem and diversity for people and supported them to dress in ways that reflected their personality. Staff supported people to shop for their own clothes, so they could touch and feel items of clothing.

A relative commented, “I am amazed at what they can let (their family member) do. They allow (the family member) as much independence as they can”. Staff were exceptional in enabling people to achieve as much independence as possible. Staff were creative in enabling people to overcome obstacles which could have prevented them from enjoying life experiences and actively engaging with their environment. The culture was one where staff did things with people rather than for them. Staff included and involved people in day to day routines and activities such as meal preparation.

Assistive technology was supplied and used to help people to understand what was happening in their environment. For example, lights in communal areas indicated when there was someone at the front door. Staff supported people to maintain regular contact with their families and



Is the service caring?

people who were important to them through skype. Others were supported to have regular telephone calls with their relatives so they could keep in touch with them and hear their voices between visits.

Without exception, we observed that staff treated people with dignity and respect. Relatives told us, “They always treat him as an adult and treat him with respect”. And “Staff are always very respectful”. Staff respected people’s privacy. They made sure people had opportunity to have time in their own rooms during the day that was undisturbed. Staff

were careful to protect people’s dignity by making sure all personal care took place in private, behind closed doors. Staff were very discreet when discussing people’s needs, moving to quiet areas as required for handover sessions which took place between each shift, or talking privately in the office. People’s personal records and information was stored securely and kept confidential. This showed that people’s right to privacy was respected. The district nurse told us that staff were always mindful of respect and dignity and knocked on doors before entering people’s rooms.



Is the service responsive?

Our findings

Relatives told us they felt the service was responsive, flexible and staff regularly provided additional support, “Above and beyond”. One relative told us they had met a member of staff in town while they were shopping, “I mentioned to him that I needed to come to the home to get guidance on how to use the hoist fitted in my house for when my relative visits me at home. He said, “Don't worry. A couple of us will bring your relative in the mini bus to your house and explain how to use the hoist”.

People received consistent, personalised care and support. Their care and support was planned proactively with them and the people who mattered to them. Relatives who advocated on behalf of people were fully involved in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person's care plan to make sure they were up to date. People's plans were reviewed every six months or sooner if their needs changed and they were provided with support that met their needs and preferences.

Each person's individual care and activity plans were based on a detailed profile of the person and assessment of their needs. This provided in depth information about the person's background and social history, relationships that were important to them, their abilities and methods of communication. People's support needs and how to meet them were set out in a written plan that described what staff needed to do to make sure personalised care was provided. This included detailed guidance about how to communicate with the person, how to understand how the person communicated and how to support the person to eat and drink. There were detailed activity plans and guidance about the person's choices and preferences in relation to routines and activities of daily life. There were clear and detailed instructions for staff about how to protect each person's dignity and how to support them to move around, at the service and outside in the community.

Staff used a 'support plan graphic' toolkit. The pictorial plan was used to review people's care in which they looked at what was important to the person, analysed what was working and what was not working, identified where change was needed and looked at any additional support that was required for the person. This was recorded in

detail through a series of pictures and graphics. Records showed that progress was made over a number of months. The provider was committed to on-going improvement in the responsiveness of the service people received.

People were supported to plan holidays to destinations of their choice. People had recently enjoyed a holiday to a holiday park. The registered manager had linked up with another organisation to arrange for staff to support one person to go on holiday with their brother. A relative told us how two members of staff supported their family member by arranging to rent a holiday cottage for one week each year so they could spend time with their family.

People were supported to take part in a wide range of activities regardless of their physical abilities. Staff worked enthusiastically to support people to lead fulfilled lives; as a result their quality of life was enriched and optimised to the full. The attitude of staff was that “Everything was achievable for people; you just have to find a different way of doing things”. People were provided with excellent support that enabled them to experience both familiar and new experiences to the fullest possible extent.

Shifts were planned to incorporate people's daily activities so that there were always enough staff to support them. People were given opportunities to go to taster sessions to try new activities such as cycling and trampoline. As a result some people went out for weekly trampoline sessions. People were provided with noise reducing headphones so they could access activities where noise could be a problem for some people, such as the cinema and night clubs. These were put to good use when a drumming troop visited the service. Photographs and videos told the story of this event and how people were enabled to enjoy it to the full with neighbours from the local community, relatives and friends.

People were supported to access local community facilities and take part in local community events. Some of the staff were trained sensory story tellers who used these skills to benefit people when reading stories to them. This was also extended to sessions at the local library where members of the public also joined in alongside people who lived at the service. People were supported to attend activities and services at their local church. A relative told us. “They take (the family member) out in the community to (the family member's) favourite is the pub”. Activities were planned to enable people to lead as full a life as possible. People were supported to attend events such as family days with their



Is the service responsive?

relatives. The provider arranged these so that they could meet people from other services and their families. People took part in workshops with a charity for the blind and deaf. They were also supported to take part in local events such as boot fairs, summer fetes, a multi-cultural festival in the local park and local theatre productions.

Relatives were asked to share family histories, familiar stories and recollections of other relatives to expand the staff team's understanding of people's background and early experiences. One family provided a book of photographs and stories for their family member which showed a common theme of farming and horticulture which had been part of the person's history. As a result of this the person was supported to grow vegetables in raised beds in the garden. Staff used the hand over/hand under hand technique to enable the person to be fully involved in the process, digging, planting the seeds and tending the plants.

The registered manager worked with the staff team to devise new ways of using different techniques and using them in different ways. The purpose was to find ways for people with sensory loss new activities and sensory experiences which they enjoyed and could engage with. Staff made a book with many different textures, taking care to choose new textures that people were less likely to be familiar with. The book format was chosen so it could be taken with them when they visited their families. This activity was evaluated to help staff identify which textures people were drawn to so that staff could learn more about people's personal preferences. Staff had noticed that one person enjoyed pattern and rhythm and was drawn to geometric and repetitive patterns with bright points of light against a dark background. Staff had created an activity using a flashing light in a ball for the person to roll using the hand over hand method. Staff were evaluating the person's

response to measure its value and effectiveness. Sensory stimulation was also provided through themed evenings such as Indian, Chinese and, Mexican through the use of foods and sounds. Staff continually sought to enhance and improve people's lives by trying new and different sensory methods.

The service was flexible and responsive to people's individual needs and preferences. If people were admitted to hospital staff were assigned to stay with them throughout the day. The registered manager described how they had provided staff to support one person during their stay in hospital. The registered manager gave examples of how they had worked alongside other agencies in a flexible way to meet the person's needs.

The provider had made information available about how to make a complaint. There was a written and pictorial procedure and staff discussed people's satisfaction with the service with them and their family members. The complaints procedure was also displayed in the entrance hall at the service. The registered manager was responsive to people's concerns. There had been no formal complaints about the service. However, where family members had answered any questions on the recent satisfaction survey with a response that indicated they were less than fully satisfied, the manager had completed a complaints form which showed they had contacted the relatives and discussed the concerns and made suggestions for improvements. One relative had raised a concern about hair washing. The registered manager reviewed the process for this activity and made changes while they were waiting for a shower chair to arrive. Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. Relatives were confident they would be listened to if they made a complaint.



Is the service well-led?

Our findings

People responded warmly to the registered manager who had worked at the service for many years and knew each person well. Relatives were consistently positive about the service their family members received. They said, “I am extremely happy and grateful that my relative is in such a nice place. I can trust the manager and staff, they are so open. They concentrate on the residents which makes for a happy place and environment”, “Overall we are so pleased and satisfied with the care that my relative receives here” and “This place is led well from the top and it spills down to the lower levels extremely well. We feel very comfortable and lucky as my relative is in an environment that really cares”.

The provider had a clear vision and values that were person centred and focussed on people having the opportunity to be part of their local community and promoting citizenship. One person was supported to attend the White Paper consultation with government representatives during the planning of the Care Act. The registered manager and senior staff acted as advocates to share the person’s experience and support needs. Another person had regular visits from a Duke of Edinburgh Award Student from a local school.

The provider and registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. This was evident in the way staff and the registered manager described a variety of innovative projects. For example, how they had made a tactile book, light and sound activities they were trialling with people, which had been designed to improve and enhance their quality of life.

The registered manager had been creative in the use of staff resources, technology and person centred planning to improve the lives of people who, because of their complex needs, required imaginative and personalised support to enable them to live fulfilled lives. The registered manager and the wider management team provided clear leadership and used systems effectively to monitor the culture of the service. This included the consistent presence of the registered manager in the service, working alongside staff as an extremely effective and exceptionally caring role

model. The success of this approach was evident in the consistent person centred care and support staff provided. They were willing to go ‘The extra mile’ for people, this was confirmed by relatives we spoke with who gave examples of this culture.

The registered manager used direct observation, along with weekly practice meetings to help staff develop their practice. Staff spoke highly of the registered manager and said that they were always accessible and approachable. Managers at all levels had meetings within the organisation to share good practice ideas and problem solve. The open and progressive culture of the service and effective teamwork meant that people received continually improving support.

The service had actively sought and acted upon the views of others through creative and innovative methods. This included an annual surveys and visits by members of the management team to observe and seek feedback from people. Relatives told us they were frequently asked for their views and could speak with the registered manager at any time. Feedback from relatives in the 2015 survey included, ‘Staff are always friendly and welcoming’ and ‘I am consulted and kept informed about every aspect of (the family member’s) life’.

Comments from external agencies who were involved with the service were consistently positive. A training organisation wrote, ‘I was very impressed by the quality of behaviour support work, it’s a credit to your team’. Staff comments about the registered manager included, ‘Always approachable’, ‘Most supportive’ and ‘A boss who commands everyone’s respect and loyalty’. Staff were very positive about the support they received from the management team. The registered manager had developed and sustained a positive culture in the service encouraging staff and relatives to raise issues of concern with them, which they always acted upon.

The registered manager and staff were exceptional in their commitment to understanding and helping people communicate their views. Staff used a pictorial survey with people and observed and recorded their responses. People were involved as far as possible in every aspect of the on-going development of the service. Where any changes were made these were trialled carefully and people’s responses observed and monitored to make sure the changes worked for them.



Is the service well-led?

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and proactively shared identified risks and plans for improvement. The provider had an effective system for identifying risks. Through this the registered manager had quickly identified that there had been a medication omission. The registered manager had conducted a full and comprehensive investigation and used learning from this event to identify and take action which reduced the risk of further omissions occurring in the future.

There was a strong emphasis on continually striving to improve the service for people. Quality assurance audits were carried out monthly by a manager from another service. A person who lived at another of the provider's services was supported to conduct an audit so that the provider received feedback from people's point of view about how well the service was doing. The registered manager and senior staff carried out regular audits of all aspects of the service and to review the effectiveness of the support people received. The provider made sure actions were followed through, monitoring action plans following audits through area management meetings, provider staff briefings and by referencing 'action point progress' in practice development meetings. The registered manager received consistent support from the provider and told us that the resources required to drive improvement were readily available.

The provider strongly supported managers in their role. Part of this support was a 12 month project using a 'Job Coach' consultant who specialised in the care field, working to develop a proactive approach to project management and delegation to empower staff teams. The provider also ensured that communication throughout the organisation was effective through a variety of management meetings and briefings. The registered manager ensured staff had all the information they needed and were kept up to date with any changes through weekly practice development meetings and extended monthly staff team meetings. The effectiveness of the provider's support was evident in the excellent teamwork we observed.

The service had sustained outstanding practice and improvements over time and had achieved recognised accreditation schemes. The provider held membership in a

number of recognised bodies that looked at driving improvement through quality. People and their families also attended various network groups. These events were designed to provide opportunities to share experiences and celebrate diversity. A member of staff had supported a person to participate and share a favourite sensory story.

The service worked in partnership with other organisations to make sure they were following current practice and provided people with a consistently high quality service. The registered manager also contributed to and shared best practice ideas with others through participation in various groups. Advice was sought from other agencies to support developments in supportive aid provision. Best Practice Co-ordinators within the provider organisation worked with a leading research agency for learning disabilities with which the provider had jointly produced a person centred support DVD. Senior managers also represented the provider at a local county behaviour network. This work enabled the registered manager to consult with local commissioners to look at innovative ways of meeting people's needs.

The service had a number of multi- agency working agreements. The registered manager was proactive in arranging multi-disciplinary meetings with other care providers and health professionals to ensure people received consistent support. Relatives confirmed that this worked well. The staff supported people to form and sustain links with their local community through connections with organisations such as a local church, the library and leisure centre. Events were held at the service to which the local community were invited.

Staff told us the registered manager and the provider were very supportive and showed they were committed to supporting their employees through learning and development. Additional training had been obtained in order to contribute to the development of best practice. The registered manager worked in partnership with other charitable organisations and the local authority learning disability team to make sure staff were provided with all the training they needed to follow best practice.

Staff told us they enjoyed working at the service. This was evident in the excellent teamwork we observed and the consistently positive way staff related to people, to one another and to the registered manager.