

Green Light PBS Limited

Tresleigh

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Tresleigh is a residential care home that provides personal care for up to four people who have autistic spectrum disorders. There were four people living at the service at the time of our inspection. The service is part of the Green Light group which run several similar services throughout Cornwall, for people living on the autistic spectrum.

The service is situated in the centre of a village with access to the local community. The premises comprise of four self-contained flats. The outside space is divided into secure garden and courtyard areas, which people can either share or use separately depending on their wishes and needs.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The Right support:

The model of care and setting maximised people's choice, control and independence. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. Staff were highly motivated and skilled at using their knowledge of people's preferences to encourage and motivate people to try new things. Staff understood the importance of social inclusion and were creative in developing ways people could be engaged in the local community. People were supported to maintain and develop relationships.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. There was a strong person-centred culture within the staff team. Positive behaviour support plans had been developed for people, to understand the reasons for their behaviour, and provide guidance for staff to ensure consistent approaches were used when supporting people. This pro-active approach had reduced the number of incidents, of behaviour that challenged the service, and the need for restrictive interventions. Staff knew people well and demonstrated an excellent understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

Right culture:

People lived in a service where the ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

The service significantly improved people's quality of life and well-being. People were supported to stay fit and healthy and their medicines were managed safely. Staff supported people with weight loss plans and to maintain a healthy diet. Extensive desensitisation programmes had been put in place to support people to access medical treatment, such as scans, blood tests and COVID-19 vaccinations.

Staff's in-depth knowledge of how people communicated ensured people had maximum control over their lives and how they spent their time. Care and behaviour support plans were accurate and kept under regular review, with the involvement of the person and their family. They provided staff with comprehensive guidance to ensure people's needs were met. Risks were identified and staff had clear instructions to help them support people to reduce the risk of avoidable harm.

Staff were recruited safely. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings. Staff were appropriately trained, and their competency regularly checked, to ensure people's complex needs were met.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

People's relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

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

Rating at last inspection and update

This service was registered with us on 12/07/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Tresleigh

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Tresleigh is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with all four people living at the service and staff supported us to communicate with them. We spoke with the registered and deputy managers, four care staff and a behaviour analyst (who was based at the service).

We reviewed two people's care records. We looked at a variety of records relating to the management of the service, including policies, procedures and staff training and recruitment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager. We spoke with five healthcare professionals who worked with the service, three relatives and five care staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at regular staff meetings.
- Relatives told us they felt people were safe using the service. As one commented, "[Person] is happy and relaxed."

Assessing risk, safety monitoring and management

- Risks, in relation to people's care and support, had been appropriately identified, assessed, monitored and reviewed.
- People were supported to try new experiences while any related risks were identified and action taken to help reduce the risks.
- Staff had gained a comprehensive knowledge of what could cause people anxiety and the limiting effect this could have on their ability to live a full life. Staff understood what could trigger behaviour that might challenge, how to avoid these triggers and how to support people if their behaviour began to escalate.
- Staff knew what to do in the event of a fire and training records confirmed they had received training in fire safety. All equipment was regularly serviced and staff understood how to support people to move around safely.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- The provider's recruitment practices were robust and staff confirmed appropriate checks were undertaken before they supported people in the service.
- People's relatives and staff all told us they felt there were enough staff on duty to meet people's needs. Where people were assessed as needing specific staffing ratios, to meet their care needs and when going out in the community, this was always provided.
- The service did not use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.

- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- There were systems in place for the storage, ordering, administering, and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. The staff team discussed accidents/incidents as learning opportunities and the patterns of events were closely monitored by the behaviour analyst team as part of people's Positive Behaviour Support (PBS) plans. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service significantly improved people's quality of life and well-being. This was through exceptionally creative, proactive approaches and dedicated support to improve people's emotional and physical health.
- The service used a Department of Health recognised approach called Positive Behaviour Support (PBS), when developing plans to help understand and better support people with behaviour that might challenge. Positive behaviour support (PBS) is a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps understand the reason for the behaviour so services can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.
- PBS plans were developed by an in-house behaviour analyst who worked full-time at Tresleigh. Plans used known information about the person, the views of the person, their family and staff as well as the analyst providing hands-on care for the person to fully understand the reason and triggers for their behaviour.
- This approach had resulted in vastly improved outcomes for people living at the service. For example, the PBS approach had been used for one person and after three months the number of incidents, in all areas where their behaviour could challenge, had consistently reduced from up to 20 per month to five since January 2021. This had been achieved because staff understood that, unless there were agreed and completely consistent responses to events, the person would continue with the behaviour because they had learnt that displaying these behaviours could gain increased staff intervention. Staff used a neutral tone when responding to challenging behaviour, that neither was positive feedback or was critical, and only gave positive feedback for the person's achievements when they were not related to an event. This had resulted in the person developing good and trusting relationships with staff and the other people living at the service. They had been able to focus and engage with new activities because they were less physically and emotionally drained. They had also learnt new skills such as cooking and menu planning.
- Another person had experienced difficulties when moving from one situation to another, such as getting out of the car when returning home after going out, often taking up to three hours to get out of the car. This was historical behaviour that, while rooted in negativity about where they had lived in the past, had become learnt behaviour. The PBS plan had tried different strategies and, although the amount of time taken for the person to leave the car had decreased, this was still having a negative effect on their well-being. Therefore, it was decided to park the car a short walk from the service so the person could walk home, with a member of staff getting the car later. This approach had been successful, resulting in the stopping of the behaviour which had significantly enhanced the person's emotional well-being.

- Health and social care professionals were positive about the progress people had made since living at the service. Commenting, "There is a behavioural specialist who is employed by Greenlight who provides help and support to [person's] care team through analysis of his behaviours and how best to try and reduce some of the negative ones" and "The manager and staff are expert in supporting people with complex needs relating to autism and learning disability. This has been demonstrated by the person I supported to move there and the fact that any behavioural issues have decreased significantly and they are now thriving once more."

- People, their families and relevant health and social care professionals were involved in the development of comprehensive 'transition programmes'. This enabled people to move to the service in a planned manner to help ensure their needs were understood and could be met.

- Relatives confirmed this process had been well managed and one commented, "Right from the beginning they went to great lengths to understand [person] as fully as possible and were highly sensitive to the challenges facing [person] during his transition. Staff shadowed us to observe how we support him so that even with new faces and surroundings the approach was not unfamiliar. Staff adapted and personalised his flat, based on his daily living needs and preferences, keeping in close contact with us, seeking input and sharing progress step by step".

- One person had previously lived at another Green Light service and when they moved to live at this service, as part of their transition, all their key staff team moved with them to help maintain the continuity of their care and support.

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

- Since people had moved into the service staff had played an essential role in helping them to live healthier lives and supported them to overcome long standing anxieties about accessing healthcare services. This included supporting people to eat well, stabilise their weight, access healthcare checks and attend medical appointments. Staff ensured people's everyday health needs were met effectively.

- Everyone living at the service had some anxieties about having medical interventions and so extensive desensitisation programmes had been put in place to support people to access healthcare services and treatment. For example, one person had not had any medical interventions for 15 years because they would not accept any medical interventions. Since moving into the service staff had developed a daily routine with them of gently putting on an arm blood pressure cuff and showing them a syringe to help them understand what having an injection or taking blood would be like. After several months they were able to have their first COVID vaccine and were booked for their second. Staff had shown extreme kindness and patience in achieving this and were always focused on the end goal, however long it took to accomplish through this highly consistent and careful approach.

- For the last eight years another person had experienced an extreme aversion to going to hospital or accepting any medical interventions. With the support of trusted staff, they had received both COVID vaccine doses, blood tests and an ECG procedure at their local GP surgery. In addition, staff had taken this person for a drive each week to the local hospital on 'ambulances watches' to help prepare them, should they need to go to hospital at some point.

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices. Where people needed individualised support from staff, this was provided.

- Staff had supported two people to lose weight by helping them to change their eating habits and make healthy eating choices. One person had lost two stone, which had resulted in them being healthier and more active. It had also helped with their motivation, engagement and sleep, which in turn had made a

positive impact on their mood and well-being. The other person had met their target weight, and had started to cook and devise their own healthy eating menus, having previously mainly eaten takeaway food.

- Staff had identified that one person might have had a food intolerance and so had arranged for them to be tested. These tests showed they had an intolerance to dairy foods and their diet had been changed accordingly, which had further enhanced their general health and well-being.
- One person had an obsessional behaviour regarding drinking excessive quantities of fluids. In previous settings they had sometimes consumed as much as nine litres a day. Since moving to the service staff had worked with them to help them to manage how they perceived drinking. This process had included them initially only being given drinks in small quantities and all other drinks being removed from the environment, as well as staff giving support and encouragement whenever they had a drink. Gradually the amount of each drink offered was increased and staff started to have a drink with them. This approach had resulted in the person being able to now pour their own drinks, of an amount safe for their health from a jug. They had been enabled to no longer be restricted by the obsessional behaviour and to gain pleasure from drinking.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. This included staff being trained in the understanding and implementation of PBS and supported in their on-going development of this practice.
- The service recognised that people benefitted from having a consistent staff team, who knew them well, and were specifically allocated to work with them. For example, one person's PBS plan identified that one of their triggers, for an event of behaviour that challenged, was inconsistency in staff approach and also having new staff. While plans were detailed in how staff should respond in specific situations, the person was particularly adept at noticing subtle differences in the tone of staff voices and their body language. The behaviour analyst spent 50% of their week working directly delivering support for people. This direct involvement had enabled the staff team to learn a highly consistent approach because the analyst worked alongside staff to help ensure any subtle differences in staff approach were picked up and addressed.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. They also shadowed experienced staff, and the behaviour analyst, until they felt confident and their competence was assessed before they started to provide support independently.
- Staff were provided with opportunities to discuss their individual work and development needs. Individual staff with manager meetings took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas. Staff were extremely positive and enthusiastic about their training and management support.

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

- The premises had been adapted to provide people with privacy to support their independence. Each person had their own self-contained flat, with access to shared and private secure garden and courtyard areas.
- Flats had been designed and decorated in line with each person's individual needs and wishes. Where some items had to be locked away or access to some parts of people's flats had to be restricted, for the person's safety, this was done in the least restrictive way possible. All such restrictions had been appropriately assessed and agreed.
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was an appropriate range of equipment and adaptations to support the needs of people using the service.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- When people lacked capacity, staff understood the importance of ensuring DoLS applications had been made appropriately. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- In conjunction with people's families and advocates staff had supported people to understand the pandemic, the reasons for COVID restrictions and obtain consent for them being vaccinated.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- Best interest meetings were organised when it was necessary for others to make decisions on people's behalf. These involved staff, external healthcare professionals and relatives.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Relatives spoke positively about staff, commenting, "The team have been lovely with [person]", "It is evident they are genuinely caring, skilled and passionate about everything they do" and "[Person] has never been as happy. The staff, their attitudes, the care provided, the range of activities and food and everything else, all really excellent. No praise is too high."
- The way staff spoke about people showed they genuinely cared for the people they supported. They talked about people's wellbeing and were focused on providing the right support to improve people's lives. Staff told us, "Very rewarding job, we can see with all the hard work with people, how they can live their best days", "I enjoy the impact I can make on people's lives", "The team are very caring, conscientious and pro-active in thinking about how we can improve people's lives", "People are at the forefront of our working day" and "My favourite part about my job is building a great relationship with the person I support. A smile of welcome when you arrive on shift is so rewarding."
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. Some people were unable to share their opinions verbally and different methods of communication had been developed. Staff had a comprehensive understanding of these methods which included signs, pictures and objects of reference.
- Staff listened to people's views and ensured these were respected. Staff described people's communication needs and what support individuals required to understand and communicate effectively.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make even the smallest of decisions.
- Care plans also contained background information about people's personal history and their known routines. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at

identifying when someone was becoming distressed or feeling anxious. They consistently followed guidance in place to help the person feel calm and reassured.

- Staff promoted people's independence and supported them to do as much for themselves as possible. Staff guided people step by step through a task but encouraged the person to complete each step themselves. They took time to refocus people when necessary and praise them when they completed each step and the whole task.
- Everything about how the service operated and the way staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- People's confidential information was kept securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. People's needs were met through good organisation and delivery.

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

- People were supported by a staff culture that strove to provide personalised care. Staff member's in-depth knowledge of how people communicated ensured people had maximum control over their lives and how they spent their time. People's care plans were person-centred and reflected their individual needs and preferences. People and their relatives were involved in the development and reviewing of their care plans. One relative told us, "They provide excellent care and support for [person] and constantly demonstrate a truly caring and personalised approach which makes all the difference."
- People were encouraged to develop their communication skills and increase the control they had over their lives. The in-house behaviour analyst identified what support people needed and how staff should provide that support. For example, one person used an App, on their tablet, to support them to use pictures and voice activation when requesting an item from a member of staff. Staff had supported them to use the App to its full potential and gave positive feedback whenever they used it successfully. Through the use of this App the person was now more able to make independent choices and engaged with staff to ask for drinks and other items they wanted such as music discs.
- Through using and understanding the PBS programme staff had identified that another person presented as more anxious when they received what could be perceived as demands from staff. As a result of this staff changed their approach to using visual prompts to ask the person about activities, such as having a bath. This change had been successful and not only meant the person was less anxious, about the offer, but was also able to make an informed choice about, for example, having a bath.
- When one person first moved into the service, they had previously been used to not having belongings around them, all items being locked away, sleeping on a bare mattress, and not making any choices about what they wore. Staff had worked alongside the person to gradually introduce personal choice. For example, having some items in their flat and having their clothes in unlocked cupboards. The person had been supported to progress to now being able to choose their own clothes, use bedding, and tolerate some items in their flat. Staff reported that the person not only enjoyed using bedding but now took pleasure from making their bed each day.
- Some people, living at the service, were at risk of harm because they had a condition which meant they might eat non-food items. Rather than limit their experiences, by removing everything from their environment, staff had found creative ways to address the condition through adapting their environment. For example, they had laminated information, posters and menus on the wall in their flats to make the information accessible while not available to eat. Staff had also planted edible herbs in the part of the garden they used so that they could eat the available plants freely.
- Staff had a good understanding of people's individual needs and provided personalised care. Staff told us care plans were informative and gave them the guidance they needed to care for people. Each person had a

key worker, as their single point of contact, to help ensure people received consistent care and support.

- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers. The service used an electronic application to record daily records logged in 'real time'. This further supported staff to have current and updated information about the persons' needs and how they spent their time.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. People living at the service were either non-verbal or had limited verbal communication, and all used a signing method called Makaton. Staff were trained and well versed in the use of Makaton and any adaptations to the standard signs individual people used.
- Hospital passports had been developed for each person, to share with hospital staff, to help ensure their communication needs would be known if they needed to go to hospital.
- Information was provided for people in an understandable format. For example, adapted care plans, adapted/easy read information and the use of pictures, symbols and social stories. Communication preferences and styles were recorded in care plans and clear direction about what support was required to meet a person's communication needs. The behaviour analysts worked with individuals to tailor communication plans to support individual needs if required. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. Staff told us, "I love taking people out and helping them to live their best life" and "The team have an approach of 'nothing is impossible'."
- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time. However, due to COVID-19 restrictions some people had not been able to do all of their preferred activities. Staff had worked with people to find alternatives that they still enjoyed, including exploring what was available in the local community.
- Since the start of the pandemic people had engaged with new activities, such as joining a local litter picking group, volunteer dog walking and learning to cook.
- One person liked to go to the local park to play football and staff picked times when the park would be empty, because the person did not recognise the need to remain socially distanced from other people. The same person liked to go out to theme parks, skate parks and out for meals. All of these had not been possible for several months. Staff had supported them to purchase an annual season ticket to an animal safari park and because two accompanying care staff had been given free admission to support the person, it had been possible to make very regular visits. This activity had had an enormously positive affect on their well-being because they loved seeing animals and enjoyed the long car journeys. Therefore, despite it being a long day out, everything about the day was enjoyable for them.
- People enjoyed spending time in the garden and the courtyard area had been made into a sensory experience with coloured flags, lights and mirrors. One person liked to be involved in the garden and we saw them watering the plants during our visit.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Relatives told us they would be confident to speak to the management or a member of staff if they were unhappy.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.
- The service had policies and procedures in place in the event that people needed end of life care, to help ensure care would be person-centred and in line with their wishes.
- Staff encouraged people to think about and discuss what they would like to happen at this stage of their lives. Not everyone was ready or willing to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.
- The provider showed their commitment to delivering individualised person-centred care by the development of an in-house specialist behaviour analyst team. This team consisted of five professionally qualified behaviour analysts, some of whom were allocated to work specifically with individual homes within the group. An analyst had been based at Tresleagh since September 2020 and this had been hugely instrumental in the improved outcomes people had achieved.
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- Relatives told us they thought the service was well managed and were positive about the care and support people received. Comments included, "We are impressed with the management and team at Tresleagh and Green Light as an organisation", "Tresleagh sets a high bar of excellence with its standards and approach to care", "Tresleagh provides an excellent high level of service to maximise [person]'s quality of life."
- Healthcare professionals were also positive about the service. Commenting, "When I have spoken to the staff who care for [person] they seem to have got to know him very well and I observed some really positive interactions when I visited" and "I do not have any concerns and feel they understand and know the clients well they support and they are always good at raising concern's as appropriate."
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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

- The registered manager understood their responsibilities under the duty of candour. Relatives were kept well informed of any events or incidents that occurred during people's respite stays.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

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

regulatory requirements

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered and deputy managers had comprehensive oversight of the service and understood the needs of people they supported. Managers provided effective leadership to the staff team and their individual roles and responsibilities were well understood.
- Staff spoke positively about managers and the way they ran the service. They told us they felt valued and were well supported. Comments from staff included, "Green Light are a good company to work for", "It is a good place to work" and "The management team here at Tresleigh are very approachable, helpful and are very hands on. I feel I am listened to and the team working is probably the best I've experienced in 12 years of working in the sector."
- The management team carried out regular audits of care plans, medicines and observations of staff practice. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Management monitored the attainment of specific objectives identified for people, such as a decrease in the number of incidents of behaviour that challenged and the reduction of restrictive interventions.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.

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

- Relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. All feedback seen was extremely positive. Relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon. Comments from staff included, "Management are both very proactive and professional in their approach and welcome new ideas, creativity and positivity", "Communication is fantastic and we are kept in the loop" and "Regular feedback by management."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The staff team had a cohesive approach to supporting people to achieve the best positive outcomes and staff were comfortable to challenge each other's approach if they felt there were inconsistencies, however small. As one member of staff told us, "We all take constructive criticism well and because of this we can learn and understand how to adapt our own approach. This has given us the fantastic results we have had with people."
- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were

met. For example, regular reviews with the epilepsy team, at the local hospital, to monitor changes in seizure patterns or severity for one person.

- Professionals confirmed there were good working relationships with the service. . Comments included, "I feel they understand and know the clients well they support and they are always good at raising concern's as appropriate" and "My feedback was welcomed and staff showed a real desire to understand the client's specific needs to help them understand why my recommendations were in place."

- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.