

Southern Housing Group Limited

22 Argyll Street

Inspection report

22 Argyll Street
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

22 Argyll Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 22 Argyll Street provides accommodation and support for up to nine adults, who have a learning disability or an autistic spectrum disorder. At the time of the inspection, there were nine people living at the home.

The inspection was conducted on 18 December 2018 and was unannounced.

The home is a converted house and is based on two floors. There was a choice of communal rooms where people were able to socialise and most bedrooms had en-suite facilities.

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

At our last inspection we rated the service as Good. At this inspection we found evidence which demonstrated ongoing and continuous improvements in the responsiveness and leadership of the service and therefore the overall rating is now outstanding.

The service went the extra mile to provide a family orientated and homely environment for people. Staff had developed strong relationships with people and know them exceptionally well. People were involved in everything that happened in the home and were supported by the staff to maintain positive relationships with each other. Staff understood people's needs and aspirations and had found creative ways to enhance people's skills and independence and fulfil their interests and wishes.

Staff knew people exceptionally well and delivered care and support in a way that met those needs and promoted equality. The staff team clearly understood the needs of different people and worked in partnership with them, to achieve personal goals and develop skills.

Staff used appropriate techniques to communicate effectively with people so that they felt listened to and valued. People's unique communication styles were understood and respected by staff.

Care and support was planned proactively and in partnership with the people, their families and multidisciplinary teams where appropriate.

The service was committed to ensuring that there was equality and inclusion across the workforce and for the people who used the service. People were fully included in everything in relation to the service and encouraged and supported to be actively involved in the development of the service. The service had

established strong links with the community.

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

The provider and registered manager were fully committed to ensuring the service continually improved and was proactive in implementing change.

Staff were clear about their safeguarding responsibilities and knew how to recognise and report potential abuse. Staff carried out their roles and responsibilities effectively. Staff had an excellent understanding of managing risks and supported people to reach their full potential through consistent, personalised care.

There were enough staff to meet people's needs and staff were able to support people in a relaxed and unhurried way. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. People were supported by staff who were highly skilled, and knowledgeable in caring for people with additional needs. Staff were skilled in helping people to express their views and communicated with them in ways they could understand.

Risks to people were robustly explored and recorded. The registered manager and staff had assessed individual risks to people and acted to minimise the likelihood of harm. People were supported with their medicines by staff who had been trained and assessed as competent.

People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and were aware of people's rights to refuse care. The management team and staff worked to ensure that people's choices and wishes were respected.

Technology was used proactively to both support people's safety and communication needs.

Staff were passionate about providing a friendly and caring environment for the people using the service. Staff spoke positively about their job, the people they supported and the management of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

The service went the extra mile to provide a family orientated and homely environment for people. Staff had developed strong relationships with people.

The staff knew people exceptionally well, understood their needs and aspirations and had found creative, innovative and individual ways to enhance people's skills and independence and fulfil their interests and wishes.

The provider and staff demonstrated a genuine passion for enabling people to live as full a life as possible. Staff supported people to pursue their interests and partake in activities that gave them a sense of achievement.

Staff fully understood what caused each person stress or anxiety, Staff developed multiple ways to work with people to de-sensitise these barriers and help people progress.

Staff used appropriate techniques to communicate effectively with people according to their individual needs. People's unique

communication styles were understood by staff.

The service had a key role in the community and staff were actively involved in maintaining the links they had developed.

Care and support was planned proactively and in partnership with the people, their families and multidisciplinary teams where appropriate.

Staff were skilled at supporting people to discuss and record their end of life wishes. People were supported with managing and understanding grief.

Is the service well-led?

Outstanding 

The service has improved to Outstanding.

Management and staff demonstrated a positive ethos and drive to provide high quality, person centred care to people with learning disabilities and autism. People were at the forefront of the service.

The service was commitment to ensuring that there was equality and inclusion across the workforce and for the people who used the service. People were fully encouraged and supported to be actively involved in everything that happened and in the on-going development of the service.

The service was an integral part of its community and had developed strong community links to reflect the changing needs and preferences of the people.

People's views were listened to and were used to drive improvement. The provider and registered manager were fully committed to ensuring the service continually improved and were proactive in implementing change.

22 Argyll 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 December 2018 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we reviewed information, we held about the home, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people living at the home and engaged with three others who were unable to verbally communicate with us. We also spoke with three family members. We observed care and support being delivered in communal areas of the home.

We spoke with the provider's operations manager, the registered manager and four support staff. Following the inspection, we received feedback from three social care professionals who had contact with the service. We looked at five people's care plans in detail and reviewed specific associated records for four people. We also looked at staff duty records, staffing records, records of accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in June 2016 when it was rated as Good.

Is the service safe?

Our findings

At the last inspection in June 2016 the key question of Safe was rated Good. At this inspection the rating for 'Safe' remains Good.

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Through our discussions with staff, they demonstrated a good understanding of safeguarding reporting procedures within the organisation and with external bodies such as the local authority.

There continued to be sufficient numbers of staff available to keep people safe. Staffing levels were based on the needs of the people living at the home. Some people received additional one to one hours with a member of staff throughout the week. This helped to keep them safe and support them to participate in activities. The staffing levels provided an opportunity for staff to interact with people and support them in a relaxed and unhurried manner. One staff member said, "There is enough staff, the manager is also always on call and I never feel I am on my own." There was a duty roster system in place which detailed the planned cover for the home. The duty roster showed staff were available as required by people. Staff worked flexibly to cover staff absences through annual leave or sickness.

Safe and effective recruitment practices were followed. The provider continued to have clear recruitment procedures in place to help ensure people were supported by staff with the necessary skills, experience and character. Appropriate checks, including references and referrals to the Disclosure and Barring Service (DBS) were completed for all staff. The DBS helps employers to make safer recruitment decisions. Staff confirmed this process was followed before they started working at the home.

Risks to people had been individually assessed and risk assessments were in place to minimise risks. These gave staff guidance about how to reduce risks to people. People had risk assessments in place in relation to; medicines, management of money, mobility, behaviours and specific health needs. Staff were knowledgeable about people's individual risks and the steps required to keep people safe. Risk assessments had also been completed for the activities people took part in, such as swimming and gardening. These helped to ensure that appropriate measures were put in place to minimise any risks and helped people to continue to do things they enjoyed.

An appropriate system was in place to assess and analyse accidents and incidents across the home. All incidents were reviewed by the provider's occupational health and safety officer, who considered lessons that could be learnt and implemented measures which could help prevent a recurrence.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed. People's prescribed medicines were stored safely in accordance with current legislation and guidance.

The provider had an infection control policy in place and staff undertook training in this area. Protective

equipment such as gloves and aprons were provided to staff to minimise the spread of infection. We looked at records of infection control audits which were completed regularly by a member of the management team and saw that if concerns were noted these were actioned in a timely way. All areas of the home were clean and cleaning schedules and checklists demonstrated that all cleaning tasks had been completed in line with the homes cleaning requirements. The laundry room was organised and measures had been taken to ensure the risk of infection was minimised.

People were cared for in a safe environment. Environmental risk assessments, general audit checks of the building and health and safety audits were completed regularly. The audits showed a clear action trail and where issues had been identified, they were acted upon immediately. There was also a system of audits in place to ensure that safety checks were completed in respect of water temperatures, the medicine cupboard temperatures and fire safety.

There were arrangements in place to keep people safe in an emergency, such as a fire. Fire tests were carried out weekly. These were done at different times and days so that people's reactions and safety could be assessed and reviewed. Fire equipment was checked monthly and had been serviced regularly by an external maintenance company. Personal evacuation and escape plans (PEEPs) had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. One person told us what they would do in the event of the fire alarm sounding and was able to point out the fire exits they would use.

Is the service effective?

Our findings

At the last inspection in June 2016 the key question of Effective was rated Good. At this inspection the rating for 'Effective' remains Good.

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. The registered manager and senior staff had assessed people's capacity to make specific decisions; such as, receiving medicines, contact with family, end of life plans and support with personal care. Where the assessment concluded that the person lacked capacity to make certain decisions, staff acted in people's best interests by making decisions on their behalf and providing appropriate care. These were recorded and showed that the registered manager had consulted with others involved in the person's life when making these decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working within the principles of the MCA and applications for DoLS had been submitted to appropriate authorities as required.

People were cared for by staff who were suitably trained and supported in their work. Staff told us they had received an induction when they were first employed at the home and they received regular updates in training, to ensure they supported people effectively and in line with current guidance. The records we viewed confirmed staff were trained to carry out their role effectively and that training had been updated in a timely way. Records also demonstrated that staff received supervision on a regular basis with the registered manager to discuss their role and development of their skills.

People were offered nutritious meals and a variety of drinks to suit their individual preferences and needs. People were involved in deciding what they ate and menus were agreed together by the people living at the home with staff support. People were involved in grocery shopping online which enabled them to request any food items they wanted. One staff member told us, "If one person doesn't like what we are making for dinner, they can have something else. We can make them whatever they want." The kitchen cupboards had pictures and symbols on to show what was in each cupboard. Staff told us that this was to help people be independent and know in which cupboard they could find what they wanted.

People were supported to use technology and specialist equipment to meet their care needs and to support their independence where appropriate. For example, we saw correspondence between the staff and an occupational therapist, to request specific equipment that would support a person to maintain their safety. All people could access the internet in their rooms. Computerised tablets were available for people to use

which aided communication, enabled them to do internet shopping and enjoy games. People also used the tablets to take photos and make films.

The environment had been designed and adapted to promote people's safety, independence and social inclusion. The service was small and homely and people could move around freely. People had their own private bedrooms and there was a communal lounge, dining room, craft room and kitchen so that people could choose to socialise or to spend time in the privacy of their own room. People had been involved in choosing the décor of the home and of their own bedrooms, and this met their preferences. Within the entrance hall was a notice board with pictures of the staff members working for the day. This helped to keep people informed of who to go to if they required support or assistance. This board was updated daily by a person living at the home and they enjoyed this task. Areas of the home had recently been upgraded to make it more conducive to people's needs; for example; a wet room had been fitted for people who found it difficult to access bathing and showering facilities.

People were supported to access healthcare services when needed and to maintain optimum health. Information relating to people's health needs and how these should be managed was clearly documented within people's care plans. Where people had specific health needs, additional information was available to aid staff understanding about them and how this affected the person's abilities. Staff knew people's individual health needs well and were able to describe the signs they looked for when people, who were unable to verbally communicate were feeling unwell. Staff supported people to access additional healthcare services when required, such as chiropodists, opticians and dentists.

The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. The registered manager told us that all appropriate written information would be sent with the person and they would be accompanied by a staff member.

Is the service caring?

Our findings

At the last inspection in June 2016 the key question of Caring was rated Good. At this inspection the rating for 'Caring' remains Good.

Staff were passionate about providing a friendly and caring environment for the people using the service. The ethos of the home was that it was very much the people's home and not a business. On the wall outside the main office there was a sign which read, 'Our residents don't live in our workplace, we work in their home.' Staff were very clear about this and all treated people with dignity and respect, offering choice and involvement in what happened in the home. A person said, "The staff are very good, I like them." A family member told us, "All the staff are very kind." Another family member told us, "The staff are excellent." A social care professional said, "When I last visited it was very apparent" that people were treated with kindness, respect and compassion."

Staff spoke positively about their job and the people they supported. For example, staff comments included, "I love the relationship I have built up with people here" and "When I am at work I leave any problems at home, I am here for the people."

People continued to be treated with dignity and respect. We observed staff interacting positively throughout the inspection and found that people were relaxed and happy in the company of the staff. For example, a person was observed singing happily in the kitchen whilst making cups of tea for people. A member of staff had arrived for the afternoon and the person greeted them with a hug saying, "Do you want a cup of tea?" The staff member replied, "Yes that would be lovely, thank you [person's name]." The person then gave them the cup of tea and the staff member said, "Oh look at that tea, it tastes fabulous." Another person was observed helping to do the drying up. A staff member said to them, "Can you bring it over here for me, well done is that all nice and dry now?" The person was easily distracted by other things going on during the washing up, but staff gently re-focussed them and they were smiling and laughing throughout the task. Another person had an Elf jumper on. A staff member says to them, "What are you today?" The person laughs and said, "I'm gorgeous and lovely." The staff and person both laugh together. The language used in care plans was respectful and demonstrated people were at the centre of the care planning and delivery.

Staff protected people's privacy. Staff were observed to knock on doors and request the people's permission before entering their bedrooms. Information regarding confidentiality formed a key part of staff induction training. Confidential information, such as care records, was kept securely within the office and electronically, and could only accessed by staff authorised to view it.

People were supported to maintain contact with their family and friends. One person was supported to telephone their family members each week and to arrange times when they could visit. Staff told us that at times they would support people to meet their families out in the community. For example, one person enjoyed meeting their family at the local beach and were supported to do this by staff.

The manager told us they explored people's cultural and diversity needs during pre-admission assessments

and included people's specific needs in their care plans. This included people's faith needs and whether they preferred male or female staff to support them with care. Further information was included in an 'All about me' document which contained clear information about people's backgrounds, wishes and life goals could be found within people's care records. Two people living at the home had formed a close bond and enjoyed spending time together, and going out for a meal together. Staff supported them to arrange this.

Since the last inspection in June 2016, the provider had reviewed their registration, in line with best practice guidance 'Registering the Right Support' for people with a learning disability. Although, they do not meet the requirement of registering the right support because the home accommodates more people than this guidance advises, the service had been developed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. This is further reflected within the Responsive domain. The registered manager told us, "Our age range is anyone over the age of 18 years old. We don't have a top end. We hope that our residents can live within their home for as long as possible, even if that means making adjustments to the house to accommodate their increasing needs." They also added, "It is important to us to develop people's living skills to allow people to live independently."

Is the service responsive?

Our findings

The service has improved to 'Outstanding'.

The service provided a family orientated and homely environment for people. People were involved in everything that happened in the home and were supported by the staff to maintain positive relationships with each other. A family member told us, "The people here belong together, they are a family." Another family member said, "They look after [relative] as I would look after them if they were at home; it's such an inspirational place, [relative] is so content." A staff member said, "It doesn't feel like work, it feels like their home." Another staff member who was new to the service said, "I feel like I am already part of its unique family." This staff member added, "There isn't a 'them and us' attitude among the staff for a start. Argyll Street is a home, rather than just somewhere our residents are living. It is a community which everyone feels a part of." An external social care professional told us, "There is a real family feel to the place and staff have strong understanding of people's personalities."

The registered manager and provider played a key role in the local community and was actively building links. For example, the registered manager was working on a project with a local charity who train dogs to support people with disabilities. They explained that the project started with the idea of a dog visiting on a regular basis, where people would have the opportunity to interact with him but also take him for walks. However, due to the positive impact the dog visits had on people and the joy they showed when the dog visited, this project quickly developed into the service aiming to home a dog from the project on a permanent basis. This has been well thought out and included meetings with people to establish their views on caring for a dog and working closely with the charity to introduce a suitable dog. During the inspection people communicated with us about the prospect of having a dog coming to live with them and it was very apparent that people were excited about this. The registered manager said, "This is about us recognising that our residents have become a family, with most of them living together for 20 years, and families have pets. We also hope that the dog will support with behaviours that can challenge us and encourage our residents to part take in 'active' activities that they can manage with increasing age."

The staff knew people exceptionally well, understood their needs and had developed strong relationships with people. People were placed at the centre of their care. The registered manager and the team worked together for the benefit people. For example, when a person had been taken physically ill last year the staff team had worked together to support the person when they were in hospital and provided ongoing support for them. This provided the person with continuity of care from staff who understood their emotional, physical and communication needs. This is an excellent example of the staff team working together and going the extra mile to support one of the people who lived at the home. In addition, people's cultural and religious beliefs were fully supported. One person had a strong identity linked to their religious beliefs. The staff supported the person to attend their local church each week and to be involved in the church community.

The staff team clearly understood what could impact on people's sense of wellbeing and found innovative ways help ensure that people's emotional and physical wellbeing was protected. For example, the home

recently underwent building works to improve the environment for people. The management team and staff were mindful on the impact the building work could have on the people living at the home. Before the building work commenced the management team met with the builders to identify any risks that would be posed to them or the people and a plan was developed to help ensure that people remained safe and felt secure during the building work. Additionally, the builders were invited to come and meet the people living at 22 Argyll Street prior to commencing work. People were supported by staff to work out what questions they wanted to ask them and were supported by staff to communicate these effectively and to understand the responses. Pictures of the builders were taken and put on the noticeboard so that people became familiar with them. A family member commented, "I was so impressed by how the staff and manager organised the recent building work." The registered manager told us, "The builders became part of our team and when they finished and left, people missed them."

People's independence was vigorously promoted and they were involved in various areas of daily living. All the staff we spoke with had an excellent knowledge of people's needs and ensured the guidance available was followed to ensure people received support in a way they wanted. This focus on supporting and enabling people to communicate their preferences, resulted in people having the greatest level of control possible over their day-to-day lives. Where people showed early signs of dementia the registered manager and staff sought support from medical professionals about how to work with the person. We saw that in one person's bedroom there were symbols on the drawers and wardrobe, showing what each contained, such as tops and underwear. This assisted them to maintain their independence. The home had a rota for household tasks that needed completing. People were encouraged to participate in these tasks. For example, we saw one person laid the table ready for lunch and another person loaded the dishwasher when everyone had finished. We were told that people were not made to complete tasks but were encouraged as part of group living, to all help each other. A new staff member said; "I don't feel like I've been mollycoddled and I don't believe I've witnessed it with residents either. My colleagues know our residents so well they know how to engage them, how to test them and how to support them to achieve their goals."

The provider, registered manager and staff had a genuine passion for enabling people to pursue their interests and partake in activities that gave them a sense of achievement. A family member said, "He [relative] is so fulfilled here, he does so much, I can't fault it." A staff member told us, "Often it is the small things that make the biggest difference. Seeing residents smile when they've been supported to do something they didn't think they'd be able to achieve, is a frequent occurrence at 22." Staff understood the needs and aspirations of the people living at the home and had found creative ways to enhance their skills, independence and fulfil their interests and wishes. For example, staff arranged an animal experience for a person who had a particular interest in one type of animal. As this person was a wheelchair user, before the visit staff liaised closely with the staff at the zoo to ensure that wheelchair access could be gained and worked together to assess the risks. This meant that the activity was a positive and safe experience for the person. During the inspection this person talked fondly to us about this experience. In addition, some people had been supported to attend a tree climbing event, one person was able to drive an instructor adapted car and staff worked with a person to enable them to catch a bus to a family member's house independently. Staff worked with the person to identify possible issues they could encounter and what they would do in these circumstances.

There was an activity board in the lounge area. This had details of activities that were on offer to people and was shown in pictures and symbols so that people could understand. However, people could choose to do different things if they wished to and there were staff available to support them. For example, on the day of the inspection, one person had chosen not to go bowling with other people. A staff member offered them alternative activities, which we saw them doing together. A staff member said, "It's nice to work somewhere where we can do different things, it's whatever they [people] want to do." A social care professional told us,

"Residents are involved in decisions around activities and I'm aware that they will regularly swim, bowl, attend social nights, engage in work related activities at [name of local gardening service] and go out for meals together."

People were consistently, meaningfully and continuously involved in decisions about their care and other needs, and how they will be met. Support plans were truly person centred and there was a strong focus on supporting people to be independent and achieve their ambitions. People were encouraged to take ownership of their care plans and contribute to them as much or as little as they wished. They were supported to work towards multiple goals that they had identified as important to them, including undertaking everyday tasks, taking more control of their finances, using technology more independently, and undertaking new activities with less support. Long term goals were broken down in to small steps so the people could see how they were moving towards these goals. Peoples individualised care plans also recorded people's interests, hobbies, health and life skill needs as well as people's 'social and life histories'. People's needs were regularly reviewed and re-assessed with them, their family members and professionals if required and re-configured to meet their changing needs. Goals were agreed between people, their family members and staff, that were underpinned by risk assessments. The care provided was focussed on people as individuals and we saw staff put their person-centred training into good practice. An external healthcare professional said, "I would say that the residents of Argyll Street are placed in a setting that not only meets their needs but also enhances wellbeing. This is due to the input residents are able to offer, the options made available and the frequency with which activities are arranged."

Staff used appropriate techniques to communicate effectively with people according to their individual needs. People's unique communication styles were understood by staff and detailed in people's care records. These records included; how people verbally communicated and how staff should interpret and support the needs and behaviours of people who had limited or impaired ability to communicate. This included describing people's body language and signs to look for in relation to changing moods and behaviours. This information provided staff with an increased awareness of the person, to allow risks to be mitigated and managed more effectively, and to enable people to make informed choices. During the inspection one person started signing and was laughing and clapping their hands. The staff member supporting them said, "[Person] has their own unique version of sign language but we understand what they mean." This was evident when staff explained what the person was trying to say to us.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way that they could understand. It is now the law for the NHS and adult social care services to comply with the AIS. The staff were working with a person-centred focus and we saw that people were supported to understand any information written about them and to make choices. The registered manager and staff team had ensured that information in people's care plans, activities offered, food choices and meetings were available in a format that was accessible to people using the service.

At the time of the inspection no one living at 22 Argyll Street was receiving end of life care. However, the registered manager was able to provide us with assurances that people would be supported to receive effective support to help ensure a comfortable, dignified and pain-free death. Staff members had received training in end of life care and we found that the end of life wishes and preferences for people had been recorded within people's care records. This meant that the staff team were skilled in supporting people and their families to explore and record their wishes about their end of life care, so that they felt listened to and valued. Staff at 22 Argyll street also supported people living at the home who had lost a parent or loved one, to be able to feel as though they were still a part of their lives. This was done by visiting the Crematorium, where one person had found a tree that made them feel more connected to their loved one. On special

anniversary days they liked to purchase a balloon, and 'send it up to them'. One person liked to shout really loudly so their deceased love one can hear them. The registered manager told us that the person will now sometimes ask to do this as a way of managing their grief.

People did not comment on the complaints procedure. Family members said they knew about the complaints procedure and how to use it. There was a robust system for logging, recording and investigating complaints. No formal complaints had been received by the service in the last 12 months. The registered manager said that if any complaints were received these would be acted upon immediately and care and support being adjusted accordingly. Staff were aware of their duty to support people to make complaints or raise concerns.

Is the service well-led?

Our findings

The service has improved to 'Outstanding'.

People, relatives and professionals told us that the way the service was led was exceptional and distinctive. A family member said, "The manager is incredible and I have utter faith in all the staff." Another told us, "[Name of manager] is approachable and 'on the ball'. The home is extremely well run." A third family member said, "It was the best thing I ever did; [person] has been much better since being at the home, they have such a good life. I have no concerns at all about the service, the manager is excellent; it's very well run. I can't speak highly enough of them; it's all marvellous." A social care professional said, "I have dealt with [name of manager] who clearly has the needs of the clients at the heart of everything she does and promotes her staff to do the same." Another social care professional said, "I have found the home to be very efficient and well managed."

There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce and for the people who used the service. For example, the service provided opportunities to people who received support from Southern Housing Group Limited (SHG) to complete work placements within SHG properties to improve people's skills and abilities and provide them with a sense of purpose. This has also resulted in staff at 22 Argyll Street receiving training from a person who had personal insight into Autism. The registered manager said, "They have taught us all so much and continues to. It has been a huge asset to us all so we have a [training] session planned with the managers across our other services in Southern Housing Group." The service had embraced the role of 'Champions' within the home both with staff members and people. The role of 'Champion' is when a staff member or person shares their knowledge in particular area, such as; infection control, communication or individualised care and shares this knowledge with staff members, visitors and other professionals. One person living at the home had particularly embraced their role as a champion and were providing teaching sessions to other people living at the home and staff. They are also planning to carry these sessions out in other SHG homes.

The service had a positive ethos and drive to provide high quality, person centred care to people with learning disabilities and autism. There were high levels of satisfaction across all staff. All of the staff we spoke with, spoke positively about the registered manager and the provider and without exception staff felt the registered manager and senior management team were approachable and supportive. Staff members comments included, "I trust the people I work with, and for, wholeheartedly. I feel entirely valued and accepted", "The manager is very supportive, they bend over backwards to help us" and "Management are so supportive, I can't fault them, they go above and beyond, you couldn't ask for better support." Staff were confident and empowered in their roles because of the strong leadership and management across the company.

The providers operations manager and registered manager were passionate about their roles and placed people at the forefront of the service. The operations manager told us, "It's about customer satisfaction; we excel for excellence." They added; "I love the job; helping people to achieve and be independent. I am proud

of the service and staff." The registered manager told us, "It's all about the residents, I love seeing them develop and grow and providing them with more and more opportunities." They added, "Everyone is unique. The staff are full of ideas and we as a service embrace these ideas."

There is a particularly strong emphasis on continuous improvement. Managers develop, discuss, promote and implement innovative ways of involving people in developing high-quality, outstanding practice that is sustained over time. The views of people using the service are at the core of quality monitoring and assurance arrangements. The provider and registered manager were fully committed to ensuring the service continually improved through seeking feedback from people, family members and professionals. Feedback is gained through one to one meetings, surveys and individual reviews of people's care. People and their families were given the opportunity to give feedback about the culture, quality and development of the service. People and their families said that they felt listened to by the management team and their views were considered.

Staff were actively encouraged to share their views and thoughts about the service during supervisions and team meetings. A CQC newsletter had been set up by the management team which staff and people contributed to. The aim of this newsletter was to support all the provider's staff teams to learn more about CQC, to learn from good practices and where things don't go so well. This newsletter is used to update all staff on news, changes to legislation and statutory guidance. It also aims to encourage staff to voice their opinions on how the service could be developed. People were empowered to make decisions about the staff employed at the service through involvement with the interview process; meeting potential staff and being encouraged to share their views with the management team.

The service was an important part of its community and had developed community links to reflect the changing needs and preferences of the people who use it. 22 Argyll Street founded a 'Gardening project' in 2010 with the people who used the service and staff. This was following a reduction in day services available to people with learning disabilities on the Isle of Wight. This project converted a piece of barren land, linked to a local site, into a vegetable plot. Over the years this plot had been developed to allow it to be more accessible to people with physical needs and usable in all weathers. With support from 'No Barriers' a council run service and ongoing partnership working, this project has developed into a community project with people attending from SHG services, people in the community with mental health needs and people cared for in other residential care homes.

Staff at 22 Argyll Street arranged social and bingo nights for people in the community. The registered manager told us, 'We also have many who attend these from outside of SHG from other residential care homes, other providers have become aware of the nights we run due to their peers, so they may live independently or with family. We send out flyers each month with the theme of the night and what food will be on offer, so that people know what to expect before they come.' The registered manager added, "Our social nights and bingo nights have been running for a substantial amount of years, but we are recognising that our attendees are getting older, so we are adapting the nights to accommodate them better. We have sent out questionnaires to people who attend these events and our activities coordinator has spent time with them all at the activities, to see how they would like things to change to better suit them. We now have special dance sessions organised, singers and various musicians attending. They are very excited by the upcoming events for this year."

Additionally, the service provided a 'Monday Group' which is organised from and by staff at 22 Argyll Street. This group was attended by some of the people living at the home as well as other people living in the community. This group provides people with the opportunity to build friendships outside the service, to socialise, support each other and aids learning and development. Monday Group attendees have acquired

funding from a local company to purchase a wheelchair that has specialised wheels, so that it can be used on the beach. Therefore, those with mobility difficulties or wheelchair users can still access the sea.

The service worked in partnership with health and social care professionals to build seamless experiences for people based on good practice and people's specific needs and preferences. This also enabled staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together, such as GPs and community nurses. Medical reviews took place to ensure people's current and changing needs were being met. There were processes in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify themes or trends, timely investigations, potential learning and continual improvements in safety.

Governance was well-embedded into the running of the service. There is a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. The service had a programme of audits in place which were comprehensive, detailed and robustly completed. Regular audits had been completed for the environment, medicines, care records, health and safety and infection control. Where concerns were identified, action plans were produced and effective actions were taken within in a timely manner. 22 Argyll Street had up to date and appropriate policies in place to aid with the running of the service. For example, there was a whistle-blowing policy in place which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the reception area and on the provider's website for people and visitors to view.