

Caretech Community Services (No.2) Limited

The Goodwins

Inspection report

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Date of inspection visit:
24 March 2016

Date of publication:
20 April 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on 24 March 2016, was unannounced and was carried out by one inspector.

The Goodwins is a privately owned service providing care and support for up to 12 people with different levels of learning disabilities. There were five people living at the service at the time of the inspection. The house is a detached property set in its own grounds. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. The service had its own vehicle to access facilities in the local area and to access a variety of activities.

The care and support needs of the people varied greatly. There was a wide age range of people living at the service with diverse needs and abilities. The youngest person was in their 40's and the oldest in their 70's. Some people had behaviours that challenge and communication needs.

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

Staff assumed people had capacity and respected the simple decisions they made on a day to day basis. When people needed help or could not make a particular decision on their own, staff supported them. Decisions were made in people's best interests. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. We received information from the service informing us that people had applications granted to deprive them of their liberty to make sure they were kept as safe as possible.

People received care that was personal to them. Staff understood their specific needs well and had good relationships with them. People were settled, happy and contented. People chose to spend time with staff. They sat close to staff for comfort and reassurance. Staff treated people as individuals with dignity and respect. Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly. Staff respected decisions that people made when they did not want to do something and supported

them to do the things they wanted to. People had choices about how they wanted to live their lives. Throughout the inspection people were treated with kindness and respect.

Before people decided to move into the service their support needs were assessed by the registered manager and another senior member of the organisation to make sure the service would be able to offer them the care that they needed. People were satisfied and happy with the care and support they received. People's care and support was planned and reviewed to keep people safe and support them to be as independent as possible.

People were supported to participate in a variety of activities that they enjoyed. Activities took place regularly. Potential risks to people were identified. There was guidance in place for staff on how to care for people effectively and safely and keep risks to a minimum without restricting their activities or their lifestyles. People received the interventions and support they needed to keep them as safe as possible.

People were offered a balanced diet that met their individual needs. People enjoyed their meals. People received their medicines safely and when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. They were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns and they would be listened to. The registered manager was clear about the disciplinary procedures they would follow if they identified unsafe practice. Plans were in place to keep people safe in an emergency. Systems were in place to manage any complaints.

The registered manager monitored incidents and accidents to make sure the care provided was safe. They assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences.

The registered manager led the staff team and had oversight of the service. Staff were motivated and felt supported by the registered manager who was approachable. The registered manager and staff shared a clear vision of the aims of the service. Staff had received regular one to one meetings with a senior member of staff. They had an annual appraisal, so had the opportunity to discuss their developmental needs for the following year.

There were enough staff, who knew people well, to meet their needs at all times. The needs of the people had been considered when deciding how many staff were required on each shift and to support people in different activities. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs. People received care and support from a dedicated, stable team of staff that put people first and were able to spend time with people in a meaningful way.

Staff completed induction training when they first started to work at the service. Staff were monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff completed essential training provided by the company. There was also training for staff in areas that were specific to the needs of people. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people

were fit to do so.

The provider had systems in place to monitor the quality of the service. Audits and health and safety checks were regularly carried out. The registered manager had sought formal feedback from people, relatives, staff and visiting professionals.

Staff were aware of the ethos of the service, in that they were there to work together to provide people with personalised care and support and to be part of the continuous improvement of the service. Staff told us that there was an open culture and they openly talk to the registered manager. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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.

Risks to people were assessed and guidance was available to make sure all staff knew what action to take to keep people as safe as possible. People indicated they felt safe living at the service.

There were sufficient numbers of staff on duty at all times to make sure people received the care and support that they needed. Checks were carried out before staff started to work at the service to make sure they were safe to work with people.

The registered manager monitored incidents and risks to make sure the care provided was safe and effective.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good ●

The service was effective.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

Staff had the skills they required to provide the care and support people needed. Staff had regular one to one meetings with the registered manager to support them in their learning and development. Staff had received an annual appraisal.

People were offered food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Is the service caring?

Outstanding ☆

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

The management team and staff were exceptional in enabling people to develop their independence and had an in-depth appreciation of people's individual needs.

People had positive relationships with staff that were based on respect and shared interests.

People were given privacy and were treated with dignity and respect.

Staff had the skills to communicate with people in ways that they understood. Staff took time to understand what people were telling them.

People were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

There was a complaints procedure in place. People were supported to raise any concerns. Their views were taken into account and acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a clear set of aims at the service including supporting people to be as independent as possible.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed.

People and their relatives shared their experiences of the service.

Accurate records were kept about the care and support people received.

The Goodwins

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 24 March 2016 and was unannounced. It was carried out by one inspector; this was because the service only provided support to a small number of people and it was decided that additional inspection staff would be intrusive to people's daily routines.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We assessed if people's care needs were being met by reviewing their care records. We looked at four people's care plans and risk assessments. Some people could not talk to us so we spent time observing them and communicated using body language and signs. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their personal care, encouraging people to be involved with daily domestic duties and engaging people in activities.

We looked at a range of other records which included three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We spoke with four members of staff, which included a team leader. We also spoke with the registered manager. We looked around the communal areas of the service and some people let us look at their bedrooms.

We last inspected this service on 16 December 2013. There were no concerns identified at this inspection.

Is the service safe?

Our findings

People looked relaxed in the company of each other and the staff. People sat close to staff when they wanted to and were content. Staff knew people well. If people were unable to communicate using speech staff were able to recognise signs through behaviours and body language. People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. If people became concerned about anything staff would spend time with them. Staff knew people well enough so that they were able to respond quickly and help people if something had upset them. Staff were able to tell if someone was unhappy. They took the time to find out what was wrong and took the necessary action to rectify the situation.

Staff explained how they would recognise and report abuse. They had a good understanding of different types of abuse and had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. There were clear procedures in place to enable this to happen. Referrals had been made to the local safeguarding authority when required and action had been taken by the service to reduce the risks of them happening again. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Information was available to people and staff about what to do and who to contact if they were concerned about anything. Staff were aware of their roles and responsibilities in protecting people from harm.

Potential risks to people were identified and assessed and action was taken by staff to prevent them occurring. Each care plan had detailed information about the risks associated with people's care and how staff should support the person to minimise or eliminate the risks. For example, some people were at risk of choking because they ate too quickly or exhibited behaviours that might cause them harm. There was clear guidance and plans in place about what action staff should take to eliminate or keep the risk to a minimum. Staff had followed the guidance and plans and the outcome for people was the risk to people choking and exhibiting behaviours had significantly reduced and as a result they had more independence and autonomy.

Other risks had been assessed in relation to the impact that the risks had on each person. Communal areas were kept clear of any obvious hazards so people walked around the service safely and independently. There were risk assessments for when people were in the local community and using transport. There was guidance in place for staff to follow about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People accessed the community safely on a regular basis. When some people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked. Regular checks were carried out

on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. The information was recorded and was used to adjust the person's support to meet their needs in a better way. The emphasis was on the reduction in the number of challenging incidents, by supporting the person to have different, more effective ways of getting their needs met.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practise remained safe. Medicines were stored securely in each person's bedroom. Staff accompanied each person to their room to support them to take their medicines in private. Each person had an individual medicine record chart showing their personal details, the medicines they were prescribed and when they should take them. Staff talked to people before giving them their medicines and explained what they were doing. They asked if they were happy to take their medicines. Staff waited for people to respond and agree before they gave them their medicines. Room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Regular checks were carried out on medicines and the records to make sure they were correct. Some people were prescribed medicines they needed only now and again. Guidelines were in place for staff to refer to about when to give this occasional medicine.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there was always enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. People required one to one support at times and required two staff when they went out on activities. The registered manager made sure there was enough staff available so people could do the activities they wanted. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. There was very little staff sickness. Over the past year there had only been three days of sickness giving people consistent care from reliable staff. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs. A new person was moving to the service shortly after the inspection. The registered manager had made sure the staff levels were increased to accommodate the new person's needs. New staff had been employed so everything was organised to make sure the person would have all the support they needed in their new home.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider's recruitment policy was followed. Staff completed an application form, gave a full employment history, showed a proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working

with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. When potential new staff had applied to work at the service the registered manager invited them to spend time with people and staff. The registered manager observed how they interacted and communicated with people and whether people responded to them positively. The registered manager observed people's facial expressions and behaviours which gave an indication as to whether or not the people liked the member of staff and would get on with them.

Is the service effective?

Our findings

People indicated that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People had a wide range of needs. People's conditions were complex. People were able to make choices about how they lived their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. People were able to indicate and tell staff how they preferred their support provided.

The staff understood the importance of asking people for their consent before they provided care and support. Staff asked for people's consent before they gave them any care and support. If people refused something this was recorded and respected. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA. The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Independent Mental Capacity Advocates, (IMCA - an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests. They helped people express their needs and wishes, weigh up and take decisions about options available to the person. The registered manager knew when to apply for Deprivation of Liberty Safeguards (DoLS) authorisations for people. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible. The registered manager had applied for and obtained deprivation of liberty safeguards (DoLS) authorisations for a people. Staff had knowledge of and had completed training in the MCA and (DoLS). The staff team were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

There was a consistent, stable staff team. Only one member of staff had left the service in the past three years. When staff first started working at the service they completed an induction and a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs. Regular staff meetings highlighted people's changing needs, household tasks allocations, and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns and ideas were taken seriously by the registered manager.

The registered manager maintained a training plan to help ensure that all staff underwent essential training like, safeguarding people, manual handling and medicines. Staff had completed the training provided. The registered manager regularly checked staff competencies to make sure the training staff had received was put into practise effectively and safely. Staff had undertaken courses related to people's specific needs. Specialist training had been provided in 'Intensive interaction'. Intensive interaction is an approach to teaching the pre-speech fundamentals of communication to children and adults who have severe learning difficulties and/or autism. The training and skills staff had acquired was being used on a daily basis and the result was that people were able to communicate more effectively and staff were able to understand what they wanted. People had become more independent and incidents of behaviours that challenged had reduced. Staff had also received other specialist training in areas like epilepsy, dementia and respecting and valuing people.

Staff told us they felt supported by the registered manager. They said that they were listened to and were given the support and help that they needed on a daily basis. Staff had regular one to one meetings with the registered manager. Staff had an annual appraisal which identified their development and training needs and set personal objectives. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to. People often went out to eat in restaurants and local cafés.

People said and indicated that they enjoyed their meals. They could choose what they wanted to eat at the times they preferred. People were encouraged to go food shopping with staff. Staff told us that they did not go to the local large supermarket very often as people did not enjoy the experience but they took people food shopping in the smaller local shops as this gave people the experience of choosing foods and snacks that they wanted in a place where they felt comfortable. Some people had specific needs when they ate and drank and had been referred to and seen by specialists. Staff made sure that their food was cut up into small pieces and that there was a member of staff with them when they ate their meals. People's weight was monitored to make sure people were not gaining or losing weight. When people had lost weight they had been seen by their doctor. Advice had been given to supplement their foods with full fat milk, cheese and other high fat products. Staff were making sure this happened. Staff positively supported people to manage their diets and drinks to make sure they were safe and as healthy as possible.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Staff knew people and were able to tell when they were unwell by their behaviours and body language. When this happened they immediately sought support from the local community teams such as doctors. People were supported to undertake routine screening test to make sure they remained as healthy as possible.

When people had problems eating and drinking they were referred to dieticians. People who had difficulty communicating verbally were seen by speech and language therapists so other ways of communicating could be explored. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists when they needed to see them. The service had close, supportive links with health care professionals, including doctors, nurses, the local learning disability team and nutritional teams.

Some people needed to have regular blood tests and have their blood pressure monitored to make sure they remained as healthy as possible. People had often become very anxious about this and had refused. The registered manager responded to this and had introduced a programme of desensitisation to reduce people's anxieties when they had to have these tests. People were slowly introduced to the procedures step by step over a period of time. The outcome was that people were now confident and relaxed. They were now going to the doctor's surgery and having the tests done when they needed them.

Is the service caring?

Our findings

People indicated they thought the staff were caring and that they liked staff. People choose to sit next to staff. They went to staff to guide them to places when they wanted something. People were very relaxed and comfortable in their home and with the staff that supported them. The staff were warm and welcoming. People communicated with the staff through noises, body language and gestures and staff knew what they saying and asking and responded to their requests.

Staff knew people very well and knew how they liked to receive their care and support. The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for and supported each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people were unwell, unhappy or if there was a change in their behaviour.

Staff used different ways of communicating with people. They talked slowly, used gestures and hand signs. Staff put their hands out to touch people in a kind and gentle manner. Staff were able to understand people through body language, facial expressions and certain sounds and supported people in a discreet, friendly and reassuring manner. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

Staff changed their approach to meet people's specific needs so they changed the ways they communicated to suit different people. People were aware of what was being said and were involved in conversations between staff. Staff gave people the time to relay what they wanted. Staff responded quickly to people when they asked for something. Throughout the inspection exchanges between people and staff were caring and professional. Staff explained things to people and took time to wait for them to respond.

Staff were very motivated and inspired to offer care that was kind and compassionate. The staff displayed determination and creativity to overcome obstacles to improve the lives of people. For example, the staff had created a sensory waistcoat for one person. This was a waist coat that contained different sensory object they could touch and interact with. The person wore the waist coat and enjoyed touching the different fabrics and sensory objects.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. People's level of independence was developing and increasing and staff continually supported them to achieve more. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people liked to go out in the local area and others preferred to spend time in their bedrooms or in the communal areas. This was respected by the staff

Staff said that they strive to give the highest level of care and support to people. One staff member said "We want people to be as independent as possible". Another staff member said, "I go home and I feel like I have accomplished something and made a difference. If I have made someone smile and happy, it's made my day".

Staff told us about how people had developed and become more independent over the past couple of years. Staff said the improvements were little things like making a drink, or enjoying an activity without becoming anxious. They said people had become confident and how they acted and communicated had changed for the better. People were happy and more content.

The service had a strong, visible person centred culture. People received care that was individual to them. Staff understood their specific needs. Staff had built up strong relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves. People were contented living at 'The Goodwins'. Previously people had little involvement in the daily running of the service but now staff supported and encouraged people to be as involved as they could be. There was now a friendly and inclusive atmosphere with everyone included as much as they could be in the general running of the service. People were involved in cooking, cleaning and supported to be involved in washing their laundry. One person now baked cakes and made smoothies.

Observations showed that all the staff interacted well with people. They spoke with people kindly, laughed and joked. They took time to listen to what people had to say and acted on their wishes. Staff were outgoing and friendly which impacted on the response they got from people and it was obvious that people liked the staff.

One person got anxious before receiving personal care. Their care plan noted the action that staff should take and was specific to the person 'Make sure the bath, towels, and toiletries are ready before person is approached. The person does not like their face wet. Make sure their hair is washed first and dry face immediately and then person will know it is done and will then enjoy their bath'.

One person had refused to sleep in their bed for a long time and slept on the settee. The person's bedroom had been changed, redecorated and refurbished. Sensory equipment and music was put in their bedroom and bathroom. Staff spent time with the person in their bedroom doing the activities the person enjoyed. The outcome was that the person now enjoyed their bedroom. They felt safe in there and now slept in their own bed every night.

All the people were supported and empowered to develop their independence in some way. Staff were doing activities 'with' people and not 'for' people like cooking and making drinks. Staff completed daily records and these included what activities people had participated in. Staff said they had got to know people and encouraged them to do as much for themselves as possible. People had 'goals' (skills or tasks identified that people were learning to become more independent in). One person had achieved the goal of making a drink with prompting and support from the staff. They were now taking their plates and cutlery to the kitchen. Another person was shaving themselves independently after staff gave them extra support in this area. These were activities that people had not done before. Staff explained how this had progressed from the person initially watching, and then taking it step by step until they were able to do it. Other people were being supported to be involved more in doing household tasks. People's independence and skills had improved. People's progress was monitored to support people to develop skills and independence at their own pace.

People, when they were able, were involved in planning their own care and deciding what they wanted to do. If people had family then their views and opinions were sought in planning people's care. Some people did not have relatives who could support them. The registered manager told us they accessed independent advocates to support people who did not have any one to speak up on their behalf.

People had their own bedroom. Their bedrooms had recently been decorated and staff supported people to make sure the bedrooms reflected people's personalities, preferences and choices. People had equipment like radios, music systems and televisions, so they could spend in their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms or in the bathroom. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, when they needed it, were given support with washing and dressing. People chose what clothes they wanted to wear and what they wanted to do.

The staff had a good knowledge of the people they were caring for. Staff said that they kept themselves up to date about the care and support people needed by reading people's care plans. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers were assigned to people based on personalities and on people's preferences. Key workers and other staff met regularly with the people they supported to find out what they wanted to do immediately and in the future. When possible people's keyworkers were involved in their care and support on a daily basis.

Is the service responsive?

Our findings

People were supported to be involved in their care and support when they wanted it. The staff worked around their wishes and preferences on a daily basis. People indicated to staff about the care and support they wanted and how they preferred to have things done. Staff followed people's wishes.

When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

A new person was about to come and live at the service. The registered manager and another senior manager from the organisation had carried out an initial assessment to make sure 'The Goodwins' would be the right place for the person to live. The person was then invited to spend time at the service to make sure they liked it and that other people already living there got on with them. The registered manager observed and recorded information about the visits before the decision was made about moving in.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person. The care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. The registered manager and staff had endeavoured to re-establish contact with people's families to re- build family relationships.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, mobility, consent and eating and drinking.

People's preferences of how they received their personal care were individual to them. What people could do for themselves and when they needed support from staff was included in their care plan. People's ability to express their views and make decisions about their care varied. There was information about what made people happy, what made them unhappy and what made them angry. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and generally accurate and helped them support

the person in the way that suited them best. Some people had been assessed as having behaviour that could be described as challenging. Staff had received training on how to support people with their behaviours. The support plans focused on how to manage the behaviours positively and to give support in a way that was less likely to cause the behaviour. These plans were person centred and bespoke for each person. For example, making sure that staff were aware of the situations that may lead to a behaviour and anticipate what the person wanted before the behaviour actually occurred. After a period of observation by staff it was identified a person had behaviours when they transitioned from one activity to another. They became anxious and upset. The plans explained to minimise this 'Make sure person is watching the preparations for the change in activity. Do not keep the person waiting. If going out give person their coat at the last minute and go straight out'. The care plans explained what staff had to do if a behaviour did occur. The support described was aimed at providing alternative strategies to reduce any negative behaviour. Staff were consistent in how they managed behaviours. Staff told us and records of incidents showed that negative behaviours had reduced.

People had personal plans which identified their goals and aspirations and fears. One person was spending a lot of time in their room and there were concerns about them losing weight and not engaging with people. The aim was to improve this. Different activities were tried like activity baths, dancing and cake making. The outcome was the person was spending more time downstairs. They were saying more words and asking for drinks and baths. Their weight had stabilised and they were eating well.

People were encouraged and supported to join in activities both inside and outside the service. A variety of activities were planned that people could choose from. Some activities were organised on a regular basis, like swimming or going out in the local area. Some people were interested in trains and planes. They were supported to visit places like the Hornby and Spitfire museums and the local airport. They also enjoyed building model aeroplanes with help from staff. People were occupied and enjoyed what they were doing. Staff were attentive and knew when people were ready for particular activities and when they had had enough. Staff told us activities for people had increased and were more meaningful to people. There were visits to places like the wild-life park. Staff supported people to go on holiday if they wanted to. One person really liked football but did not like crowds. Staff supported the person to go to football matches but made sure they did not arrive when there were lots of people around. They made sure they stood at the back of the crowd so the person did not feel anxious and could move away quickly if they wanted to. The person was attending football matches regularly.

Staff felt confident to pass complaints they received to the registered manager. Concerns from people were resolved quickly and informally. When complaints had been made these had been investigated and responded to appropriately. The service had a written complaints process that was written in a way that people could understand. It was available and accessible. Key workers regularly checked and asked people if they were alright and if they were unhappy about anything. Staff knew people well and were able to tell if there was something wrong. They would then try and resolve the issue.

Is the service well-led?

Our findings

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential.

Staff said, "This is the best place I have worked. People really do get the support and care that they need to develop and be happy", "There is a good atmosphere, everyone gets on well", and "People have very different needs and are all different, we make sure people are treated as individuals." Staff said that 'The Goodwins' was a good place to work and that they really enjoyed their jobs.

People indicated and staff told us that the service was well led. They said that the registered manager had an open door policy where they welcomed family and professionals to drop in at any time.

The registered manager had worked at the service for three years. They were supported by senior staff who had also worked there for a long time. There was a strong, stable, core staff team. The registered manager knew people well, communicated with people in a way that they could understand and gave people individual and compassionate care. On the day of the inspection people and staff approached the registered manager whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. The registered manager was enthusiastic, sensitive and compassionate and had a real understanding of the people they cared for. The registered manager was open to any new ideas that the staff suggested in how to improve the care and support people received. Staff said that the registered manager was available and accessible and gave practical support, assistance and advice.

The staff team followed the registered manager's lead and interacted with people in the same enthusiastic and caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the service could only operate for the benefit of the people who lived in it with a good staff team and management support.

There were links with the local and wider community and people had friends locally and knew their neighbours. People had built relationships with people in the community including local shops, and restaurants and social activity centres. People were supported to keep in touch with their friends and family.

Staff handovers between shifts highlighted any changes in people's health and care needs so staff all had up to date information about people. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the registered manager. The registered manager and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities.

There were effective systems in place to regularly monitor the quality of service that was provided. People's views about the service were sought through meetings, reviews, and survey questionnaires. The last survey was sent to people's relatives, staff and visiting professionals in November 2015. When the surveys were returned they were analysed and collated to produce a report to identify the strengths and weaknesses of the service.

The registered manager audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. The locality manager, who was the providers' representative, visited monthly to check that all audits had been carried out and supported the registered manager and the staff team. They completed an improvement plan which set out any shortfalls that they had identified on their visit. This was reviewed at each visit to ensure that appropriate action had been taken. The compliance and regulation manager from the company visited the service twice a year. They used the Care Quality Commission (CQC) methodology as a guideline for the audits and checks to ensure compliance with legislation. During their visit they looked at records, talked to people and staff and observed the care practice at the service. A detailed report was produced about all aspects of care and treatment at the service. It identified any shortfalls which were added to the service improvement plan so the registered manager could address the shortfalls and make improvements to the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. All records were up to date and stored securely and safely.