

Links South West Ltd

Cedar Court

Inspection report

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Date of inspection visit:
22 January 2020

Date of publication:
27 March 2020

Ratings

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

Summary of findings

Overall summary

About the service

Cedar Court is a care home for people with learning disabilities and/or autism. The service was providing personal care to 12 people at the time of the inspection. The service can support up to 13 people. The ages of people living at the service ranged from 19 to 53 years old.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. The provider had re-designed the layout of the service to ensure it complies. The property which comprised of two semi-detached houses were being run as two separate units. The next part of the development was to add an additional kitchen. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Cedar Court placed people at the heart of the service. People benefited from staff and management who were passionate about supporting them to live their best possible life. Staff knew people really well and understood and respected how they wished to be supported. People told us they enjoyed living at the service and we saw many examples where the actions of the service had resulted in an improved quality of life for people. Relatives told us, "I can't imagine any service could do better" and "I find they are very helpful and supportive in seeing that he has the best care possible."

Each person was seen as an individual by staff, who knew their wishes and aspirations. Staff worked with people to put together a very detailed care plan and achieved their desired outcomes. Together, they identified suitable activities, education and work. Staff were highly responsive in identifying people's needs and ensured they were supported in the best way possible.

People benefited from compassionate support provided by a kind, committed and caring staff team. People told us, "They're good people, they look after me" and "I'm very happy." We observed one person say to staff, "I love you guys." People were treated equally and with respect. Staff recognised the importance of family and friends and helped people maintain these important contacts.

People's risks were understood and managed well. People were protected from discrimination and abuse because staff understood how to safeguard them. Staff had the skills and knowledge to support people safely and effectively. People were supported to maintain good health and had access to external healthcare support. Where necessary, staff supported people to attend medical and hospital appointments to ensure they felt comfortable with what was happening.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. For example, one person had moved on to more independent living and another person was soon due to move on.

Since the previous inspection the directors and registered managers had continued to develop and improve the service. People and staff benefited from strong leadership. The ethos of the service was understood and shared as the directors, registered managers and compliance manager all worked alongside staff as support workers. There was a strong commitment to valuing people as individuals and supporting them to meet their full potential. Robust quality assurance systems ensured continuous improvement.

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

Rating at last inspection

The last rating for this service was good (published 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Cedar Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by an inspector and an inspection manager.

Service and service type

Cedar Court 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people, met with a further three people who used the service, and two relatives about

their experience of the care provided. We spoke with seven members of staff including the directors, registered manager, compliance manager, team leader and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the quality assurance records. We received feedback from one person who lived at the service and one relative. We asked six healthcare professionals for feedback and received one response. We also received feedback from one tradesperson.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. The positive and friendly interactions we observed between people and staff told us that people felt safe and comfortable in their home.
- Several people who lived at the service had attended a 'How to keep yourself safe in relationships' course.
- Staff had completed safeguarding training and knew how to protect people. Staff said they were confident the management team would take action if any concerns were raised about poor practice or people's safety.

Assessing risk, safety monitoring and management

- People's risks were assessed and safely managed. Staff encouraged positive risk taking and ensured people were able to lead fulfilling lives.
- Risks relating to people's communication, behaviours, health and lifestyle were documented and understood by staff. People, relatives, representatives and professionals were involved in discussions about managing risk.
- People's support plans contained clear protocols and staff guidance to help protect people at home and in the community. For example, staff had completed training in epilepsy and risk assessments contained clear information on what to do in the event of a seizure.
- Comprehensive and regular health and safety checks were carried out to ensure the environment remained safe for people. Each person had a personal emergency evacuation plan in place which gave guidance to staff on the support they would require to leave the building.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. There were enough staff on duty to meet people's assessed needs for one to one support.
- The management team worked hard to provide people with a consistent staff team. Several staff had worked in the home for a number of years.
- Staff told us they would always help out if needed to cover sickness, absence and holidays. The service also had a team of bank staff who could be called upon to support. This meant people were always supported by staff they knew, who were familiar with their needs and who were trained and supported to meet the high expectations in relation to care and support.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- People received their medicines when they should. Medicines were stored, recorded and administered safely. Medicines administration records were fully completed.
- There were PRN protocols (as required medicines) in place. This information provided staff with instructions about why, how and when these medicines needed to be administered.
- Only trained staff administered medicines. Their competency was regularly assessed.

Preventing and controlling infection

- The environment was clean, tidy and free from unpleasant odours.
- The service had recently installed new washing machines in the laundry. Due to the replacement, part of the flooring was no longer intact. The provider told us they had planned for new flooring to be put down.
- The staff toilet did not have suitable hand washing facilities. Following our inspection, the registered manager told us they had ordered a sink.
- Staff used protective clothing such as aprons and gloves to reduce the risk of spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and escalated to senior management. The management team monitored and analysed incidents to identify any trends or patterns so action could be taken to prevent reoccurrence. For example, it was identified one person was smoking in their bedroom. The provider spoke with the person and arranged for a shelter to be built outside. People were using this area during our inspection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social care needs were fully assessed before they moved into the service. This helped ensure their needs and expectations could be met. Staff met people in their current placement and supported them with visits to their new home if possible. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- The service applied the overall principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.

Staff support: induction, training, skills and experience

- People who lived in the service had medical, physical and communication support needs. Staff had completed training to ensure they had the skills and knowledge to support people safely and effectively. All staff told us the training was good.
- Specialist training was completed to ensure each individual's needs were met. For example, staff had completed person centred training in how to support people who may display behaviours that created risks.
- All new staff undertook a thorough induction programme, which included completion of mandatory training and shadowing of experienced staff before working on their own.
- Staff said they were very well supported by the staff and management team. Staff meetings, supervision and de-briefs took place for staff to receive support, discuss their role and reflect on practice.
- The management team had high expectations of staff. Where support and additional training for staff did not bring about the required changes, the support workers employment was not continued. This was successful as the probation period was for a period of six months, allowing for ongoing assessment and competency checks.

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

- People were supported to eat a balanced diet. People told us how they made healthy choices. Fresh fruit was available in the lounge so people could help themselves.
- People used the communal kitchen with staff support and were encouraged to have as much involvement as possible in planning, preparing and choosing their meals.
- One person preferred to prepare food in a quieter environment. The service had installed an oven in their flat. The person told us they enjoyed cooking and baking with staff support. This had improved their independence.

- People's specific dietary needs were understood and followed by staff. For example, one person preferred to have a vegetarian diet. At Christmas, this person cooked vegetarian meatloaf with a staff member.
- People's nutritional risk and weight was monitored. Referrals were made promptly to healthcare professionals if concerns were identified.

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

- People were supported to maintain good health and had access to external healthcare support as necessary. Each person was supported to attend an annual health check and medicines review. The registered manager told us this had reduced the need for unnecessary medicines and resulted in improved health, wellbeing and self-esteem.
- Staff worked with other healthcare professionals such as the learning disability intensive assessment and treatment team, speech and language therapists, GPs, and dentists to ensure people received appropriate care.
- Each person had a 'Hospital passport'. This contained important information about them to ensure their care and support remained consistent.
- Staff supported people to attend medical and hospital appointments. For example, when one person needed to go to hospital for a procedure, staff accompanied them, stayed overnight and remained with them until they returned to the service. Another person refused an operation. The registered manager discussed the person's concerns and afterwards, they agreed to have the procedure. The registered manager stayed with the person and liaised with the nurse to make sure they were first on the list, as any waiting time would have created a risk of them leaving and not having the operation.

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

- The service was a large house, bigger than most domestic style properties. It was registered for the support of up to 13 people with learning disabilities. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. The directors had started to operate the house as two separate units to ensure the service complies with Registering the Right Support guidance and to meet people's different needs.
- The environment was homely. People had been involved in choosing the décor for their bedrooms. People's artwork was displayed in the service.
- People had personalised their flats and bedrooms with things that were important to them.
- There were several lounges, a kitchen, dining room and art room on the ground floor.
- The service had an ongoing redecoration and refurbishment plan.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff undertook training in MCA and were very knowledgeable about issues relating to people's rights and the requirements of the legislation.
- Staff asked people for their consent before providing any support and acted in accordance with their wishes. This was through looking at facial expressions, body language, gestures, and spoken word.
- When people had been assessed as not having the capacity to make decisions for themselves, best interest meetings were held, and the outcome recorded.
- When people had restrictions in place to keep them safe, correct procedures had been followed. Any restrictions had been regularly reviewed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. People told us, "They're good people, they look after me" and "I'm very happy." We observed one person say to staff, "I love you guys." A visitor told us "I am always greeted warmly."
- Interactions between people and staff were relaxed. People knew staff well and there was chatting, smiling and open affection. Staff showed an interest in what people were doing.
- It was evident people who lived in the service cared for each other. Some people had formed strong friendships with people they lived with. They spent time together doing activities and going on holiday. One person had made a T-shirt for another person's birthday.
- Staff told us they enjoyed supporting people. One staff member said, "I'm passionate in everything I do. I go home happy if they're happy." Staff told us how one person liked to collect leaflets. They said they all picked up leaflets when they were out and brought them back to the service. They knew the person would like this and it would reduce their anxiety.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs. For example, one person attended church regularly and liked the church bells. Staff approached the church and arranged for the person to see the church bells. Staff told us how much the person had enjoyed this.
- People were supported to maintain regular contact and relationships with friends and relatives, either face to face, on the phone or through social media. People were supported to go out with their families. Relatives were made to feel welcome and could visit at any time. Where people did not have family, staff made sure they recognised special occasions with them. For example, staff called one person on the phone at Christmas to wish them 'Merry Christmas'. If staff weren't working on their birthday they would call from home to wish them 'Happy Birthday'. Staff told us they would buy a few more presents at Christmas so people didn't feel left out.

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

- People had control over their lives and were involved in making decisions about how they wanted to be cared for and by which staff.
- Staff knew and used people's preferred communication methods. This meant people could express themselves in the way they wished and be understood.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support from the initial assessment through to regular care reviews and surveys.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering. Some people had keys to their bedrooms and the front door. One person told us how important it was for them to have private time. They said staff respected this and we observed staff ring a doorbell so the person knew they were approaching their door.
- People's independence was respected and promoted. We observed people doing what they could for themselves.
- People's personal records were kept secure and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Relatives told us staff were very responsive to people's needs and improved outcomes for them. One relative told us, "I can't imagine any service could do better". They explained how they and the management and support teams worked collaboratively and to the same aims. This had resulted in their relative's care and support being "the best it could be".
- Staff and the management team were passionate about delivering responsive care. In line with 'Registering the Right Support', people received very personalised care and support specific to their needs and preferences. Registering the Right Support covers new legislation relating to services for people with a learning disability and underpinning the principles of choice, promotion of independence, and inclusion. People, and their relatives where appropriate, were supported to design their own person-centred care and support plan. People knew staff really well and chose which staff member was going to support them with their activities. Each person was seen as an individual by staff, who knew their wishes and aspirations. People identified their goals and aspirations and received the support they needed to ensure they were achievable. For example, after a six-month period of personalised support, one person was able to move onto more independent living. This was a gradual process involving staff supporting the person to go out in the community, get on a bus, plan journeys, use a mobile phone, cook meals and do laundry. The person was now able to do all this independently and they excitedly told us about their planned move and new home.
- People told us this was the best service they had lived in and we saw and heard of many examples where the actions of the service had resulted in an improved quality of life. For example, one person who had moved into the service had never slept in a bed and this resulted in risks to their health. A small group of staff worked closely with the person, over a period of time, and supported them to transition from a chair to a sofa bed, to a bed. This person now slept in a bed every night and enjoyed more restful sleep. As a result of their improved wellbeing, they had built close relationships with others, for the first time ever, and engaged in more meaningful communications and activities. Another person visited every week for a few days' respite break and had found it difficult to adjust to the change in environment. Staff recognised this and purchased some sensory lights and a projector for the person to watch music videos. We saw this relieved the person's anxiety and they appeared comfortable in their surroundings. The person's relative told the service they had purchased the same equipment and how it had made such a difference to their home life.
- As staff knew people so well, they were able to quickly identify any changes in their needs and seek advice at the earliest opportunity. A healthcare professional told us they found the service very responsive to people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The service placed a strong focus on identifying suitable activities, education and work to ensure each person lived as full a life as possible. For example, they had set up a garden project, "Links to the Earth" at a local country park. The garden project manager supported people to spend time outside using garden equipment safely, making garden furniture and ornaments, and planting and growing fruit and vegetables. One person proudly told us they had made garden gnomes and loved being outside. Another person shared photos of the garden bench they had made, from start to finish. At the end of the project, they positioned their bench where they wanted it, sat proudly down and enjoyed the view. This had also benefited the person as they were able to self-manage their anxiety.
- People were supported by staff who knew what was important to the person, their life history and their sexual orientation. They had helped people to access external counsellors as needed to support them with exploring their sexuality. The service had supported people to access local events taking into account their individual interests and links with different communities.
- The service had strong links with the community. For example, one person told us how they always went to the same café as they were well known. People baked cakes and sold them to raise money for the local hospice. One person told us they regularly volunteered at a local disco. People said they were pleased to be helping others in their community. On a recent election day, people with an interest in politics got together and talked about why they liked or disliked the candidates. Nobody discussed who they were going to vote for. People then went to the local polling station to vote.
- Events and special days were celebrated in the service. For example, each person enjoyed a cake and buffet for their Birthday. They were able to choose an activity which the service paid for. One person who was celebrating their Birthday the week after our inspection told us they were really looking forward to their chosen singer coming in to entertain.
- Staff supported people to maintain important links. For example, one person went on three caravan holidays, in a year, to their childhood birthplace. This had a huge effect on their wellbeing and they talked very fondly of their memories as a child.
- Staff recognised the importance of supporting people to maintain contact with their family and friends. For example, staff supported some people to phone their family. The service had a system to inform families of the activities their relative had had taken place. This was successful as it facilitated discussion and meaningful conversation when they visited. People's lives and achievements were captured in special, individual scrapbooks which they gave to their families at Christmas.

Meeting people's communication needs

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

- Staff and the management team were exceptional at understanding and responding to people's communication needs.
- People's communication needs were assessed and reviewed. Care and support plans contained clear information. Staff had completed a range of training in different communication methods such as Makaton, total communication and PECS (Picture Exchange Communication System). They were skilled at adapting their communication style according to people's individual needs. For example, one person was non-verbal and they communicated by using objects. This helped the person understand what was happening and enabled them to make choices. New staff shadowed experienced staff for six months before working with this person to ensure they had an excellent understanding of how to communicate with them. We saw staff fully understood how to communicate with this person to ensure they remained happy and content. Another person used an electronic tablet with a specialist app to communicate with staff.

- Staff knew people really well and responded to how people were feeling by observing body language, behaviours and general mood. Staff told us how people communicated through the use of gestures, emails, mobile phone, electronic tablets and writing things down.
- Information was provided in an 'easy read' accessible format.

Improving care quality in response to complaints or concerns

- There was an easy read complaints procedure in place. People felt able to make a complaint, raise an issue or make a comment. They knew they would be listened to and action would be taken. The registered manager told us any concerns were dealt with straight away.
- Since the last inspection the service had received one complaint, which was actioned to the satisfaction of the complainant. We were made aware of some recent issues raised by a relative in relation to one person. There were plans in place to deal with these.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.
- Staff had completed training in advanced care planning with the local hospice. They recognised the need to consider people's end of life wishes, including any religious and cultural wishes. Where wishes were known, these had been recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were at the heart of the service and there was a strong focus on person-centred care. People benefited from staff and management who were passionate about supporting them to live their best possible life. Staff knew people really well and understood and respected how they wished to be supported. Excellent staff retention and a trained team of bank staff meant the service was able to provide consistency and highly skilled staff. This had resulted in positive outcomes for people. The registered manager told us "The core positive culture within the staff team promotes a 'can do' attitude which supports risk enablement attitude that leads to people's inclusion within the local community." We saw many examples where the actions of the service had resulted in people's lives being enhanced and enriched. For example, several people had been supported to gain life skills, be able to self-manage their anxieties and reduce their reliance on staff, as well as move onto more independent living. One person had needed two staff when they were in the community due to their behaviours. Staff worked closely with the person and enabled them to build strong relationships in their local community. This built the person's confidence and resulted in a reduction of staff support, medicines and incidents.
- People and staff benefited from strong leadership. The ethos of the service was understood and shared as the directors, registered managers and compliance manager all worked alongside staff as support workers. They used these times as opportunities for role modelling and to promote the values of the service. It was clear from our conversations with staff and from what we heard and saw that people were treated with the utmost respect and equality.
- The directors and management team embraced positive change and best practice for people with a learning disability and Autism. They developed their leadership skills through a range of courses and qualifications, some at post graduate level. This meant they were able to deliver bespoke training to staff based on the needs of each person who lived at the service. For example, staff had completed training in sexuality awareness. This helped staff to feel more confident in how to support people with their sexual orientation and to empower them to seek additional advice. Staff had also completed training to gain a better understanding of OCD (Obsessive compulsive disorder). One person phoned staff when they wanted to go out because they couldn't touch door handles. Staff made sure they were in place to open doors and cleared the way, so it was as quiet as possible. During our inspection, this person gave very specific instructions on what they wanted in relation to moving some items between locations. The registered manager listened intently and made notes to ensure these instructions were met. It was clear this person had a high degree of trust and the items were transported in accordance with the person's wishes. The registered manager told us, "Our emphasis is on providing each staff member with agreed goals for career

development and we support them with training and development opportunities both in house and externally." At the time of our inspection, the directors had researched the new Core Capabilities Framework for Supporting Autistic People. These frameworks set out the skills and knowledge that health and social care workers need to deliver high-quality care and support for people with a learning disability and Autism. The director had developed their own staff training package to ensure staff learnt about this at the earliest opportunity and to enhance staff's understanding of Autism and practice.

- Staff told us they had great admiration and respect for the management team and felt valued. They told us the directors were very hands on and often at the service. They said they could go to the management team with any issues or ideas, which would be taken seriously. One staff member commented, "Lovely directors, they go above and beyond, you can phone them at any time". The registered manager told us, "Our appreciation of the good work that staff do is rewarded with thanks, encouragement and praise." Staff received gifts, a Christmas party, and were invited to social events throughout the year in recognition of their contribution. There was a strong organisational commitment to ensure there was equality and inclusion across the workforce and this included staff with protected characteristics. The registered manager had completed a two-day mental health first aid training course. This gave them a better understanding of the needs of people and staff and their mental well-being which enabled them to support them better. Several staff members told us they received great support on a personal level.

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

- The provider had reviewed the Registering the Right Support guidance and re-designed the layout of the service to ensure it complies. In line with the service development plan, the property which comprised of two semi-detached houses were being run as two separate units. The next part of the development was to add an additional kitchen. This meant six people would use shared facilities on each side of the service. The registered manager told us the separation of the service had resulted in smaller teams with more consistent support. People had been matched with each other and enjoyed taking part in activities together. For example, two people enjoyed gardening and trampolining. This had helped people to form strong relationships. People had also benefited from a reduction in noise levels and this had reduced people's anxieties.

- The staff structure gave clear lines of authority and accountability. The provider had appointed a second registered manager, so there was a registered manager on each side of the service. Each registered manager was supported by a team leader, and a team of support staff. In addition to the two registered managers the service employed a compliance manager and full-time maintenance person. The registered manager told us the service had a team of external tradespeople who were responsive to any environmental concerns. These people had been chosen carefully to ensure their presence did not upset people who lived at the service. They received information on a need to know basis to ensure everyone's safety and planned visits at the most suitable time for people.

- The service had robust and effective governance systems in place to ensure their ethos, values and objectives were embedded. Managers carried out a regular programme of audits to assess and manage all aspects of the safety and quality of the service. The directors visited the service weekly to carry out checks and speak with people and staff. They completed monthly written assessments and reports from both people's and staff's perspectives. The service held mandatory debriefs following incidents, in part to explore what circumstances or staff may have contributed to the incident and to ensure staff did not become desensitised to incidents.

- The management team had a really good understanding of regulatory requirements and national guidance and used these to develop policies, procedures and processes.

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

characteristics

- The management team continually sought feedback from people, relatives, staff, and other professionals.
- There were consistently high levels of constructive engagement with people. The provider was committed to ensuring people had a 'voice' and could make a meaningful contribution to the running of the service. For example, when the provider recognised group meetings were not achieving what they hoped for, the service introduced one to one meetings with each person to promote a more personal approach. These were held regularly, and as often as people wanted them, with some held on a weekly basis. This gave people the opportunity to talk about the things they wanted to and for staff to learn more about them. For example, one person benefited from discussing how they felt. The registered manager told us this was vital for the person's mental health and reduced their need to access unnecessary medical services. Information was passed to the staff team so they were consistent in meeting this person's needs. Staff spoke of the importance of working in the same way and putting in a 'great team effort' to achieve results. This person had lived at the service for over five years; previously their longest stay in one place was 12 weeks. Another person had lots of things they needed to talk about. Staff spoke with them once or twice a week. Recently, staff had met with them late at night. The person liked to go swimming and was worried about some aspects of this. Staff discussed different options with them and reassured them so they could settle for the night.
- Surveys were conducted and analysed to identify themes, patterns or improvements needed. The feedback given was positive.
- The service had developed a strategy to fully engage and involve staff in developing high quality practice. For example, peer support groups had been introduced. Staff came together to reflect on their work with the aim of combining skills, experience and knowledge to improve their skills and capability. They took ownership of this by choosing a facilitator who moved between the groups every three months and each staff member had this opportunity. This meant staff continued to expand their knowledge. Throughout the inspection we saw people interacting positively with all staff and management. We saw people were treated equally and with respect. Staff demonstrated a clear understanding of how to support people to make choices and to have control over their lives.

Continuous learning and improving care; Working in partnership with others

- There was a strong focus on continuous learning and improvement. The directors and registered managers were passionate about providing high quality care based on equality and respect. They had built relationships with healthcare professionals and with local support teams. For example, they had taken advice from the local authority's quality assurance team and used this to further develop their quality assurance systems. Prior to the publication of CQC's report on oral health care, the service had arranged for a local dental hygienist to deliver certified oral healthcare training to staff.
- The management team recognised that they needed each other to both check and challenge the systems in place which were designed to ensure the service was safe and of a high quality. For example, although it was the registered managers role to carry out supervisions, the directors would randomly undertake these as a way of checking their expectations were being met, roles were being fulfilled and staff were being appropriately supported. Monthly management team meetings were held to discuss and share ideas, continuously developing the service. For example, after a complaint was received about the smell of smoke, the management team worked closely with one person and they chose an outside shelter with seating. Two people who lived at the service worked alongside a carpenter and the maintenance person and built the smoking shelter for their use. We saw two people using this area and enjoying a chat.
- The local authority had invited one person who lived at the service to take part in a care planning pilot in relation to the new Liberty Protection Safeguards (DoLS). The management team had liaised with the local authority MCA lead to ensure they supported the new ways of working, and ensure people were supported to have as much choice as possible. The provider was proactive and had re-designed all their care plans in

preparation for the changes. Some people liked to be involved in their care planning and the new format meant they were easier to follow and people could understand them better. GDPR (General Data Protection Regulation) had been considered and people's identities had been protected.

- One of the directors had been elected as chair of the Torbay Care Home Partnership Board. The aim of the board is to bring together providers in Torbay to discuss current issues and to focus on future initiatives which enable providers to work with commissioners to drive improvement, reduce costs and provide the highest quality care. Following this, the directors were invited to attend the Enhanced Health in Care Homes group at Torbay Hospital. This group is large and multi-disciplinary with attendees such as hospital clinicians, heads of department, GP's, and the local authority quality assurance team. The director told us "The sharing of information and the opportunities which attendance and involvement with these groups brings is seen by us as vital to our work to support each person appropriately, holistically and to provide them with as full a range of opportunities, support and assistance as we can in order that each person gains skills, enjoys life and is happy, safe and content in their homes."
- The registered manager had completed a leadership development programme supported by the Torbay Care Charter. All managers and directors attended the local care manager's network and Skills for Care events. They brought their learning from this back to the service. For example, there was a presentation on the 'STOMP' project update. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. Information was shared with the staff team and enhanced their understanding of the potential for over medication. As a result, staff supported and maintained a reduction in the use of prescribed 'prn' (as required medicines) medicines for three people at the home.

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

- The management team promoted the ethos of honesty, learning from mistakes and admitted when things went wrong.
- They spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice topics.
- The provider and registered managers were aware of their responsibilities to inform the Commission of significant events in line with statutory duties.