

Selborne Care Limited

The Bungalow

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 26 and 27 August 2015 and was unannounced.

The Bungalow provides care and accommodation for up to 3 people. On the day of the inspection 3 people lived within the home. The Bungalow provides care for people who have a learning disability and may also have physical disabilities. Each person received one to one support from staff and needed to be supervised whenever they went out.

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

On the day of our inspection there was a very calm, friendly and homely atmosphere. People were relaxed and happy. People's relatives and health and social care

Summary of findings

professionals all spoke highly about the care and support The Bungalow provided. A relative told us, “I couldn’t be happier with the service and the people who provide the care at The Bungalow”.

Staff encouraged people to be independent and promoted people’s freedom. The design of the building and adaptations had been carefully thought out and took account of people’s needs. People moved freely around the building and its grounds as they chose.

Care records were comprehensive and written to a high standard. They contained detailed personalised information about how individuals wished to be supported. People’s individual method of communication was taken into account and respected. People’s risks were well managed, monitored and regularly reviewed to help keep people safe. People had choice and control over their lives and were supported to take part in a varied range of activities both inside the home and outside in the community. Activities were meaningful and reflected people’s interests and hobbies.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, behavioural advisors and speech and language therapists.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff were highly motivated, creative in finding innovative ways to overcome obstacles that restricted people’s independence, and had an in-depth appreciation of how to respect people’s individual needs around their privacy and dignity.

The service had an open door policy, relatives and friends were always welcomed and people were supported to maintain relationships with those who matter to them. Staff were well supported through induction and

on-going training. Staff were encouraged to enhance their skills and individual development was promoted. A staff member said, “You are made to feel valued and encouraged to continually improve”.

People were supported by staff who had a strong understanding of how to keep them safe. Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. The manager had sought and acted on advice where they thought people’s freedom was being restricted.

Staff described the management as very supportive and approachable. Staff talked positively about their jobs. Comments included, “I love my job, I get praise when I deserve to get praise and I’m very well supported” and “I really enjoy my job, I’m a caring person, I’m passionate about what I do and I don’t think I could be working in a better place”.

The service had a very open and transparent culture. The registered manager had set values that were respected and adhered to by all staff. Staff were encouraged to come up with innovative ways to improve the quality of care people received. Staff felt listened to and empowered to communicate ways they felt the service could raise its standards and were confident to challenge practice when they felt more appropriate methods could be used to drive quality.

People’s relatives and health and social care professional’s opinions were sought and there were effective quality assurance systems in place that monitored people’s satisfaction with the service. Timely audits were carried out and investigations following incidents and accidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Staff knew people well and took prompt action to relieve people's distress.

Good



Is the service responsive?

The service was responsive. Care records were personalised and met people's individual needs. Staff had an excellent understanding of how people wanted to be supported.

Staff used innovative ways to help people feel valued, to have an exceptional quality of life and have an enhanced sense of wellbeing.

Staff were creative in finding ways for people to live as full a life as possible. Activities were meaningful and were planned in line with people's interests. Staff understood the importance of companionship and social contact.

Good



Is the service well-led?

The service was well-led. There was a sustained open culture. Management were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care.

The service worked in partnership with other organisations and used recommendations to improve practice and provide a high quality service.

Good



Summary of findings

Quality assurance systems drove improvements and raised standards of care. New ideas were promoted and implemented regularly to provide a high quality service.

People were placed at the heart of the service. The service had a clear vision of continuously striving to improve.

The Bungalow

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.

The unannounced inspection took place on 26 and 27 August 2015 and was undertaken by one inspector.

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 also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four relatives, the registered manager, the deputy manager and seven members of staff. We also spoke with two health and social care professionals, a speech and language therapist and a behavioural advisor, who had supported people within the service.

All of people who lived at The Bungalow had very limited verbal communication and so were unable to tell us their views of the service. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team.

We looked at all three records related to people's individual care needs and all records related to the administration of medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People had communication and language difficulties associated with their learning disability. Because of this we were unable to have conversations with them about their experiences. We relied mainly on our observations of care and our discussions with people's relatives and staff to form our judgements.

People's relatives told us they felt their family members were safe and had no concerns at all. Comments included; "I have never had any concern for their safety", "I have never seen anything that has ever given me any cause for concern and I am quite comfortable in the fact that I think they are safe" and "I do feel my son is safe at The Bungalow. All measures are taken into account in this matter". A health care professional confirmed they had never had any cause for concern regarding the safety of any of the people they had supported within the home.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "The manager is committed to do the right thing by the staff and the guys who live here, anything reported would be taken very seriously" and "I feel very confident anything I went to [...] about would be looked into immediately". Staff had all received safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member said, "I had to wait for my DBS and references to come back before I was even allowed on site".

The manager confirmed they had adequate staff to meet people's current needs. Where additional staff were needed to cover unforeseen events, they used either bank staff or agency staff that had supported people who lived at The Bungalow before. The manager stated this was so people received care from staff they knew well, which was important. Staff were not rushed during our inspection. Staff confirmed there was one member or staff for each

person who lived in the home. We observed staff acted quickly to support people when they needed assistance or required company. One staff member commented, "We have really good staffing here, we are able to give intensive one to one support to the guys, that is one of the best things about working here".

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence.

People had documentation in place that helped ensure risks associated with people's care and support were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to help maintain people's safety. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way. The registered manager confirmed and documentation evidenced that regular fire drills took place to help ensure staff knew exactly what to do in the event of a fire.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate contained 'Behavioural Support Plans'. These forms were used to record events before, during and after an incident where a person had displayed behaviour that may put themselves or others at risk. The information was then discussed at team meetings and reviewed to consider if there were common triggers, and noted positive action that had been successful in de-escalating a situation, to allow learning to take place. Each incident was logged on a specially designed form. Staff told us they were encouraged to share detailed information to help keep people safe. One staff member commented, "We record every incident that takes place and discuss if there was anything we could have done differently or what we did well, I find this really beneficial".

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately

Is the service safe?

trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one person was prescribed medicine 'as required' to help with their pain. The person was unable to vocalise when they were in pain. Staff knew signs to look out for that would indicate the person was in pain, and were able to use their in-depth knowledge and judgement in the person's best interests to decide whether that person would benefit from having their medicine administered or not.

People's complex needs with regards to administration of medicines had been met in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Clear procedures for giving medicines were in place. Care records clearly detailed the correct legal processes had been followed and informed staff how each medicine was to be administered. Staff understood the need for this action to be taken, followed the correct procedure as outlined in people's care plans and completed medicine administration records (MAR) appropriately.

Is the service effective?

Our findings

Because of people's language difficulties we were unable to have discussions with them. We therefore relied on our observations of care and our conversations with people's relatives, health and social care professionals and staff to understand people's experiences. Relatives felt their loved ones were supported by well trained staff who effectively met their needs. Comments included, "I have never observed behaviour on the part of staff which shows any lack of awareness or skill in meeting [...] needs" and "Staff take their role very seriously, they know what is expected of them and are adequately trained". A social care professional told us they suggested staff gained accredited training from the British Institute of Learning Disabilities (BILD). They confirmed the registered manager took their advice and staff received the specialised training needed to support people. The registered manager said, "All our staff receive BILD training. Although it is not cheap, I feel it is the best training available on the market, and gives the staff the specific skills and knowledge they need in order to meet the needs of the people we support".

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff completed the new care certificate and shadowed other experienced members of staff until they and the management felt they were competent in their role. The registered manager confirmed, observations on staff performance across all 15 standards as agreed by the Department of Health in order for staff to be awarded the care certificate, were completed over an initial twelve week period. Staff comments included, "The induction and training we get is brilliant and is really relevant to the guys we have here. For example, I have completed epilepsy training and have my diabetes training booked in" and "the training here is excellent, always doing refresher courses to make sure everything is up to date, really makes you feel confident you are doing things right".

The registered manager informed us how they supported staff to achieve nationally recognised qualifications. They sourced support from and had established links with an external agency to obtain funding on behalf of their staff. This enabled staff to take part in training designed to help

them better their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the registered manager to increase their skills and obtain qualifications. Staff told us this gave them motivation to learn and continually improve. Comments included; "I started as an apprentice, I was kept on and completed my NVQ2 and now I'm being supported to do my NVQ3", "I am doing my foundation degree in health and social care, my hours are worked around my uni course and [...] is so supportive" and "I was supported to achieve my NVQ3, and I'm being encouraged to push on and complete management qualifications, this is something I'm passionate about and provides a great opportunity". The registered manager said, "Staff development is something I feel strongly about. I try to encourage and support the staff as best I can". A health care professional commented that the manager puts a lot of effort into staff development. They stated staff were always up to date with their training, and never had to be encouraged or pre-empted to participate in courses offered.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights. The registered manager had a good knowledge of their responsibilities under the legislation.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. A staff member commented that a lot of decisions were made in people's best interests, based

Is the service effective?

on informed judgements from staff that knew people really well. For example, staff knew one person was particularly fascinated by sound so they would select activities based around this sensory need for the person to take part in. A member of staff said, “We know the guys really well and know how they individually communicate. We know when they like something and when they don’t, and use this to come up with ideas of what they might like to do and how they may want to spend their time. Recently we came up with the idea of buying a wind chime for the garden. This had a really positive affect on [...]; he seems to really enjoy it”. The registered manager informed us and showed us documentation where more complex decisions had been made, best interests decisions had been recorded in people’s care records to help ensure people’s needs were supported. For example, whether or not bed rails could be fitted to the side of one person’s bed to help protect them from possible harm.

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health care professional’s advice had been obtained regarding specific guidance about delivery of specialised care. For example, a GP had been contacted promptly when staff noted a person had developed a cough. Following an appointment the GP had diagnosed a chest infection and staff had collected the prescribed course of antibiotics. Relatives of the person told us, “[...] suffers a lot with chest infections. As soon as staff notice any slight sign this is developing they get a doctor to see him straight away”. Other relatives commented, “Staff keep on top of all medical needs, they are quick to get appointments and always keep us informed” and “Staff observe the slightest medical issues, such as a growth developing on [...] leg, dental issues, his ears and general health and presentation”.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people’s needs. Care records detailed dietary preferences

and listed how individuals would communicate if they did or did not wish to eat or drink at any particular time. For example, we observed one person signal to staff they wanted a particular item of clothing on, which indicated they were ready to eat. Staff assisted immediately with this request and the person sat down to have their meal. Staff encouraged people to eat vegetables, salad and fruit each day and there was always a choice of deserts including a healthy option. A relative said, “[...] eats things I never saw him eat at home. The other day [...] ate a salad, he really enjoyed it, I couldn’t believe it”. Another stated, “[...]’s diet has always been at the forefront of his care planning. He has a reflux problem necessitating careful planning of meals, consistent with prescribed medication. Having said that I know staff strive to give [...] the food he enjoys and is happy to be given”. Staff talked us through how one person would often decline drinks when offered. To help ensure they received the vital fluids they needed, they used food items they knew the person enjoyed such as jelly to supplement the person’s fluid intake.

People were relaxed during lunch. People were encouraged to be as independent as possible with staff assisting only when support was needed. Staff checked people had everything they required and supported people to eat at their own pace and not feel rushed.

Care records highlighted where risks with eating and drinking had been identified. For example, one person’s record evidenced an assessment had identified a potential choking risk. Staff sought advice and liaised with a speech and language therapist (SLT). Staff had been advised to maintain the person’s independence with eating, but to help minimise the risk, the person was to have a fork mashable diet and be observed whilst eating by staff with first aid training. We observed staff adhered to this advice and the person in question independently ate their meal whilst staff sat close by. A SLT confirmed, staff followed guidelines rigorously, took on board advice given and contacted them immediately if people’s needs changed.

Is the service caring?

Our findings

People's families were full of praise for the way staff cared for their relatives. One relative commented, "Staff are extremely caring. Another person's relative said "All staff show an exceptionally caring side, you can tell it's not just a job to them but something they love".

Three male adults with learning disabilities lived together in The Bungalow. Staff all referred to people as "the guys" as they felt this appropriately reflected the friendly and supportive environment in the home. We observed a lot of kind and friendly interactions between people and staff. For example, we saw one person playing their guitar in the garden whilst staff watched and clapped along to the tune. We also saw staff laughing and joking with people in the lounge whilst they all watched television together.

Staff showed concern for people's wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person showed signs of distress whilst in the dining room. A staff member promptly assisted the person. They knew instantly what action to take to help ensure the person felt comforted. We saw within a very short space of time, the person was content and continued to enjoy eating their meal. A staff member talked us through various different methods used to help reduce signs of distress. For example, one person had their own sensory box. It contained different shapes and textures that reflected the person's known likes and helped create stimuli that had a pacifying and calming impact on their behaviour. We observed this being used with very positive effect.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people's care records. For example, one person's record noted their joy of music. Staff told us exactly what instruments the person preferred and the significance this had to their wellbeing. We observed the person was supported to use the tambourine and the guitar during the inspection and enjoyed playing the instruments of their choice around various parts of their home and the garden. Relatives relayed how they felt staff demonstrated they knew their loved ones well. They described how staff respected the

fact that they enjoyed riding, aroma therapy, music sessions, swimming and being taken on holiday. One relative commented, "Staff could not know [...] any better and could not do any more to fulfil his interests".

People were supported to express their views. Staff knew people's individual communication needs, and were skilled at responding to people appropriately no matter how complex the person's needs were. All of the people living in the bungalow had very limited verbal communication. The registered manager also explained that due to each person's poor eyesight and learning disability, various other methods of communication such as Makaton were not appropriate and that staff had developed unique ways of communicating with each person. We observed one staff member communicated with a person by clapping their hands. The staff member explained how clapping promoted good interaction. The person would copy what the staff member did or vice versa and the staff member could tell by the pitch of the clap what their mood was at any particular time. They said, "We have developed really good communication with the guys here. For example, [...] likes to look you in the eye's and use a clapping technique, whilst [...] stamps his feet and makes a noise during intensive interaction as a way of communicating how they feel".

Staff treated people with dignity and respect and supported them to maintain their privacy and

Independence. Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support staff assisted them in a discrete and respectful manner. For example, staff told us how it was important to respect people's routines and know when people required time alone in the privacy of their own rooms. Relative comments included, "The staff give [...] alone time in his room to enjoy his privacy which he needs" and "The staff have absolute total respect for [...]s privacy and dignity".

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept securely in the office.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative said, "We are always made to feel welcome, the manager even had

Is the service caring?

tarmac put down on the drive to make it easier for us to visit". Another commented, "At all times I am met with friendship and respect for my interests as [...]’s father; The staff are most courteous to [...]’s visitors".

Is the service responsive?

Our findings

Care records contained in-depth information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records were well organised, and gave clear and detailed guidance to staff on how best to support people with personalised care. Records were regularly reviewed to respond to people's change in needs. A staff member said; "When I first started the reason I felt so confident that I was supporting the guys in the right way, was due to how good and how clear the care plans set out each individual's routine of how they like things done".

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs. They confirmed they would where possible involve people or those who matter to them within the decision, and consult with health and social care professionals. For example, staff noted that one person due to the deterioration in their mobility was at risk when using the shower. Staff knew the importance of what having a shower meant to this person. Staff contacted an occupational therapist, who conducted an assessment. Following their recommendation the service converted the shower room into a wet room, and the person is safely able to have their desired need met. A relative commented, "Staff really are on the ball with providing support to meet his needs, i.e. the change of the shower room to a wet room to make life easier for him".

People were supported by staff who were proactive in making sure they maintained relationships with those who mattered to them. For example, the service had a designated member of staff who was given the title of 'House Champion' for social media. The staff member alongside using Skype to enable people to have communication with their loved ones, had set up face book accounts for people. They ensured privacy settings limited only close friends and family access to each individual's site. Staff would then post comments of what the person had done that day and pictures of various outings and activities they had enjoyed. The registered manager said,

"This was a staff idea that once we had gained all the correct consent to go ahead with, has been really positive success for the guys. It gives friends and families that live all around the country and in fact the world, a chance to log on and see what their relative has done on any given day. They also make their own comments that staff can read out to the guys". A staff member commented, "It is a really great way of keeping family up to date with what is currently going on in the guy's day to day lives. [...] is having his new I-pad delivered today, which will help him have even more contact with the people he cares so much about". Relative comments included, "I'm in regular contact via skype, I talk to [...] and see his responses" and "I'm able to skype [...] each week, this gives me an opportunity to see and hear how he is, albeit [...] has no words" and "Facial signs of happiness are unmistakeable from photographs which are always posted on his Facebook site for us to see".

People were encouraged and supported to maintain links with the community to protect people from loneliness and help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. Staff confirmed and records evidenced where people had been supported to carry out personalised meaningful activities that reflected their hobbies and interests. This included holidays, music therapy, picnics, the aquarium, bowling and the cinema. Staff confirmed people led really active social lives. Relative comments included, "[...] has a better social life than I do. He goes to so many places and these are places like the cinema where he is stimulated by light and noise, which is important to him", "[...] enjoys his holidays twice a year" and "I feel more than happy about the activities that are arranged for my son".

People were supported by responsive staff who had an excellent understanding of people's preferences and found creative ways to enable people to live full and active lives. For example, one member of staff had a strong interest in the importance of sensory stimulation in people with learning disabilities. After conducting some research, they approached the registered manager with an idea that would enhance the wellbeing of people they supported. They were granted time to set up a sensory project which involved all staff members. Staff were encouraged to come up with new innovative activity ideas to meet people's individual needs. When each idea was trialled staff monitored and recorded the individual's reaction. Then if

Is the service responsive?

the person's response was good, they would think of new similar ideas that would evoke the same positive responses. The member of staff commented, "This is not just for stimulation but also to help identify sounds, light and textures that help pacify the guys too. The intention is to have a wide range of ideas so that no person becomes dependent on one activity and that several ways are established to respond to people's needs in a variety of settings". Another stated, "I enjoy thinking of ways to enable people to make as many decisions for themselves as possible. Trying new things and seeing their reaction is the favourite part of my job. Little things such as the movement of a swing can bring so much enjoyment and be so relaxing. It can make so much difference".

Professionals who visited the service said staff focused on providing personalised care to the people it supported, and used best practice to achieve positive results. For example, one person displayed behaviour that challenged staff. After staff had liaised with various health care professionals they were able to rule out any medical needs they may have attributed to the person's behaviour. The service then sought the advice of a behavioural advisor. Staff recorded comprehensive notes following each incident that took place, and produced data charts that highlighted certain

key triggers and developed proactive and preventative strategies that could be used in practice to enhance the person's wellbeing. Following seven months of in-depth analysis and intensive interaction between the person and staff, no further incidents had occurred. A behavioural advisor commented that the service had great values of person centred care, that they followed recommendations and worked hard to meet the needs of people they supported. The registered manager commented, "We put the guys here at the centre of everything we do".

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and kept in the entrance to the service. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. Relatives comments included, "I have never made a complaint", "I don't recall ever having the need to make a complaint" and "I have no reason to complain as I have nothing that concerns me". A health care professional commented they had never had any concerns or reason to complain but felt staff would act appropriately if they did. The registered manager confirmed they had received no written or verbal complaints.

Is the service well-led?

Our findings

The registered manager and the deputy manager took an active role within the running of the service and had good knowledge of the staff and the people who lived at The Bungalow. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People's relatives, health and social care professionals and staff all described the management of the home to be approachable, open and supportive. Comments included, "The management of the home are extremely approachable, very easy to talk to and they listen", "The manager is so approachable and informative, the support is second to none" and "The management are always there for you and help and support whenever there is a need".

The registered manager told us staff were encouraged and challenged to find innovative and creative ways to enhance the high quality service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. We saw through the creative and innovative systems that had been implemented that these ideas had been acted upon with success. For example, staff learnt from a person's history that hydrotherapy had been advantageous to them in the past. Staff sought out a holiday destination for the person that included this facility. In order that staff could be sure the person still enjoyed this form of therapy, they also sought a local hydrotherapy service. Staff then arranged for the person to visit the pool prior to the holiday, to ensure it still met the person's needs and brought them the same pleasure as it had in their past.

The PIR detailed and the registered manager explained how they used reflective practice to ensure staff not only sustained their current practice but continually sought ways to improve it. The management had introduced staff quizzes, with questions specifically designed to help ensure staff were up to date with current best practice. Results highlighted areas where learning and development could be supported and rewarded staff who excelled in their knowledge. The registered manager commented, it creates healthy competition between staff, boosts team spirit and morale and helps me ensure staff maintain a high quality service.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from friends and relatives in order to enhance their service. Surveys were conducted and e-mails had been sent that encouraged family members to raise ideas that could be implemented into practice. For example, relatives had been involved in the development of new questions that could be asked during the interviews of prospective new employees. The registered manager detailed how important this was that family members could design and suggest questions that focused on their loved one's individual needs. They said, "The last two members of staff were employed using the new questions devised by the families. It helped make the process much more person centred". Relatives told us they felt their views were respected and had noted positive changes based on their suggestions. Comments included, "I am always asked to give my thoughts on the service and any improvements in writing. I supported the need for a new vehicle" and "I always feel included by the management team and appreciate their involving my opinion".

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice. For example, one staff member raised concerns regarding a person's fluid intake. They felt better recording and monitoring was required. They were pleased with the positive reaction they had from other members of the staffing team and felt reassured about their judgement. They said, "I felt comfortable to air my concerns and glad I did, others shared the same opinion and as a result new fluid charts have been implemented and a GP referral will be made if appropriate". If proposals made could not be implemented, staff confirmed constructive feedback was provided. One staff member said, "If suggestions we make can't be done, it is explained to us why. This is a really good thing because it makes you feel like you've still been listened too and encourages you to make other suggestions". A new member of staff said, "It was great to sit in on the staff meeting. It was nice to see how open and friendly staff were. Staff were able to discuss things with each other and showed respect for what people had to say".

Information following investigations were used to aid learning and drive quality across the service. Daily handovers, supervision and meetings were used to reflect on standard practice and challenge current procedures. For example, one staff member during supervision felt the

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standard of staff with regards hand hygiene had fallen. Staff records evidenced this matter had been taken seriously by the management team, individual staff members had been spoken with and as a result practice had been improved.

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. A speech and language therapist confirmed communication was of a high standard, in-depth information was supplied, communication was good and staff followed guidance scrupulously.

The service inspired staff to provide a quality service. Staff were delegated key duties and responsibilities under a house champion system which encouraged staff to take ownership over certain areas of practice and think of ways improvements could be made. Each staff member held their roles for a period of six months before they switched to a different duty. One staff member said, "It's a great idea, you get to experience different aspects of the job and bring fresh ideas that can have a positive impact on people. It also makes you feel you have an important role to play within the team".

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "This is a fantastic place to work with a fantastic bunch of strong minded people whose focus is all centred on the guys living here, and making their lives as good as it possibly can be", "I love my job, it has stretched me and is a challenge, but the support I get is brilliant", "You actually forget it is a job at times, I love it. You get praised and reassurance you are made to feel like you matter" and "My job feels part of me, I gain a lot from the people I support. They benefit me as much as I benefit them. It's a lovely place to work".

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Local Plymouth County Council had recently conducted a quality assurance check at The Bungalow. Where recommendations to improve practice had been suggested, they had been actioned. For example, whilst the service did not have anybody that required the use of controlled drugs. A recommendation was made to include a section with regards controlled drugs on the service's medicines policy. We saw this had been actioned and the medicines policy had been updated as advised.