

Condover College Limited

Church View

Inspection report

Church View
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Date of inspection visit:
14 March 2019

Date of publication:
18 April 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Church View is a residential home registered to provide accommodation with personal care for up to six people who have a learning disability or autistic spectrum disorder. There were six people living at the home at the time of our visit. Church View is situated within a village.

People living at Church View had multiple and complex physical and learning disabilities. Staff provided extraordinary care by exploring ways to engage people to maximise their full potential.

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.

People's experience of using this service:

- Outcomes for people were consistently better than expected because staff worked tirelessly to make sure, people had opportunities to lead as full a life as possible.
- Through people's own communication strategies, their suggestions and ideas were sought, valued and included to plan their activities. People took responsibility for daily tasks because staff recognised this gave people a sense of ownership and satisfaction.
- Staff worked extremely closely with people to learn and improve people's communications. This was central to help people achieve their full potential which resulted in improvements to people's health and wellbeing.
- Staff and relatives spoke overwhelmingly of the positive support, guidance and healthcare interventions people had received. Relatives were full of praise for the staff in terms of their kindness, compassion, patience and abilities. Relatives described the care as exceptional and without compromise.
- There was strong evidence that showed what worked well and how continuous improvement enhanced people's individual skills and personalities. Our observations and how people were around staff, demonstrated they felt safe with everyone at Church View.
- The provider encouraged and empowered people and staff to have the confidence to suggest innovative and creative solutions to see risks in a positive way, rather than a reason to stop someone doing what they wanted. The registered manager and staff promoted a culture and team spirit to say, 'anything was possible'.
- People and relatives were involved in the planning of their care and regular and timely reviews made sure the care continued to meet people's needs and expectations.
- People had very good access to internal and external health care professionals when required.
- Staff training was personalised around the people they supported and was specific to meet people's needs. Staff were supported by the provider who invested well in their training and valued their feedback.
- Feedback from people, staff, management and other healthcare professionals demonstrated a strong

sense of 'family' and a 'homely feel'.

- Staff were proud of the work they did and were fully committed to ensuring people were at the centre of everything that took place. Staff responses and how they spoke about people in a caring, gentle and respectful way, showed they cared about them, wanting to do their best for them.
- The registered manager and staff were constantly researching new ideas to improve people's quality of life and access new communication methods.
- Assistive and innovative technologies were used creatively to further enhance people's communication. People's aspirations were explored with them, matched by care plans that focussed more on dreams, goals and objectives.
- The registered manager and extended management team offered strong leadership. They were committed to continually drive performance and learn from real life situations and CQC inspections. A programme of audits by the provider included internal inspections that reported actions in line with our key lines of enquiries.
- Staff focussed on delivering the same expected high standards and shared values. The management team told us they saw themselves as an integral part to facilitate improved learning and were proud that other services within the organisation were rated outstanding.

We found the service met the characteristics of an "Outstanding" rating in three areas and "Good" in two areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Good. The last report for Church View was published on 19 February 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The previous 'good' service provided to people had been developed and enhanced by a staff team who embraced and sought new techniques. As a result, the rating has changed to Outstanding.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in our Well led findings below.

Church View

Detailed findings

Background to this inspection

The inspection:

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

Inspection Team:

One inspector carried out this inspection.

Service and service type:

Church View is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. 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.

Notice of inspection:

The inspection took place on 14 March 2019 and was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential abuse, information from the public such as share your experience forms, whistle blowing concerns and information shared with us by local commissioners who commission care services at the home. We sent the provider a provider information return (PIR). This is a form which gives them an opportunity to tell us about their service and what they do well. The provider had completed the form in detail and during our inspection we gave the management and staff an opportunity to tell us and show us how the information in the PIR translated into practice.

During our inspection visit, with staff support, we spoke with three people to understand their experience of living at Church View. Staff translated what people said and how they were feeling. Due to people's needs, we could not have detailed conversations with them, however we saw how people and staff worked with each other to ensure people's feelings and thoughts were shared and valued.

We spoke with the registered manager, two care staff, a head of care, a quality assurance co-ordinator and an internal health and safety/infection control auditor. Following our inspection visit we spoke with two relatives by telephone to gather their experiences and what the support provided at Church View meant to them and their family.

We reviewed a range of records. For example, we looked at two people's care records, multiple medication records and a range people's individual communication methods. We also looked at records relating to the management of the home. These included systems for managing any complaints. We looked at the provider's checks on the quality of care provided that assured them they delivered the best service they could.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management;

- Risk management plans were specific to people's own physical and mental health needs and staff continually assessed and managed known or emerging risks in a proactive and safe way. The strong emphasis on positive risk taking meant people did activities and pursuits they wanted to do. Staff had a 'can do' approach and worked creatively to foresee and overcome obstacles and hazards to enable people to pursue their dreams and aspirations. People took part in canoeing, horse riding and dog walking for a local rescue centre.
- Care plans contained individualised risk assessments and each assessment had an on-going management plan with aims and actions clearly identified for staff to follow.
- Staff had a clear knowledge and thorough understanding of how to support and minimise risks to people.
- Health and safety checks were completed and environmental risk assessments were included within people's plans of care so any known risks could be reduced. Fire and water safety checks were completed at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency or fire evacuation. Each person had their own individual personal evacuation plan to ensure their needs were recorded and could be met in an emergency.

Staffing and recruitment;

- The registered manager told us to ensure they were recruiting suitable staff with the right values to work at Church View, people were fully involved in the recruitment process. New staff were interviewed by the management team together with people living at the home. People were asked to give feedback about the suitability of a candidate and this feedback was used to decide if the applicant should be offered a job. Seeking people's views was a valued part of the recruitment process.
- Staff told us there were enough of them to care for people in the home and go out with people if they wanted them to. The registered manager said if extra staff were needed, such as taking people to appointments or social outings, this would be accommodated. The registered manager saw themselves as a staff member who was available to support staff and staff said the registered manager was always on hand to help.
- We observed staff responding to people in a timely way during our visit and staff gave people plenty of time to communicate what they wanted to say or how they felt.
- We did not look at staff recruitment files because there was no information or concerns identified during our planning. The registered manager said all staff had pre-employment checks completed and those staff working at the service were established staff members. The registered manager had no concerns about staff performance or conduct.

Using medicines safely; Learning lessons when things go wrong;

- People received their medicines safely. Medicines were stored and administered safely and records we

checked, showed staff had correctly signed medicines administration records when medicines had been given. However, one medicine round was completed at lunchtime and not all medicines were signed as being given until late afternoon. We raised this with the registered manager who said this was not usual practice. They remained confident this was a clerical error rather than people not getting their medicines. Following our visit, the registered manager told us they had investigated and learnt from this. The staff member had completed further training and competency assessments would be completed to ensure staff practice remained safe.

- Staff were trained to administer medication and regular audits were completed to ensure medicines continued to be given safely and as prescribed.

Preventing and controlling infection;

- The environment was clean and well maintained.
- Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection and we observed staff wearing aprons and gloves when required.
- During our visit an external health and safety officer completed an infection control and health and safety visit and found no concerns or risks to people.

Systems and processes to safeguard people from the risk of abuse;

- Staff knew how to protect people from abuse and poor practice. Staff were confident to raise any concerns with senior staff and management. If staff felt no action was taken they said, "I would contact senior managers, safeguarding or you (CQC)." Staff were confident actions would be taken seriously and staff said they had not witnessed any poor practice whilst at this service. The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

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

Good: People's outcomes were consistently good and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience;

- Staff told us they received a full induction to the service at the beginning of their employment. A new staff member told us their induction included support from the registered manager and the provider which they said helped them become confident with new processes and procedures.
- In addition to mandatory training, staff received training specific to people they supported, for example Makaton, epilepsy, hydrotherapy and visual impairment. Staff said the training was, "Great, it's ongoing and we can do as much as we want – endless." Staff told us the training more than equipped them with the knowledge and confidence they needed to care for people at Church View.

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

- People living at the home were fully involved in the design and decoration of where they lived and could chose the colours of rooms. People's individual needs were incorporated into the design of the home, for example there was a ceiling track hoist in one room and bathroom to make transfers easier and safer for people and staff. The home was designed to enable people to have areas where they could spend time with their visitors, or if they wished to be alone.
- Outside areas were wheelchair friendly and thought had been given to the design of the outdoor area so people could access all the garden.

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

- People received a pre-assessment before they came to live at Church View to ensure their individual needs were identified and could be met in an environment where they would be sharing with others.
- Care plans were developed from completed assessments which considered people's needs and wishes as well as goals and outcomes they wanted to achieve. Staff used care plans to help them deliver care and support to people and these were regularly reviewed to ensure they remained relevant to people's needs.
- People were included in decisions about how they received their care and their feedback was respected and included within their plan of care. Consent was always sought by staff. This was an important aspect of how care choices and routines were agreed.
- People and relatives' voice was paramount, and this was included and recorded within plans of care. Care plan review documents were tailored to each person's communication needs so they had an understanding and choice of their future care and support needs.
- The staff team were aware of the protected characteristics under the Equality Act and embraced them. The culture of the organisation was open to providing care that met people's needs without fear of discrimination about their age, culture, religion, gender or sexual orientation. This ensured each person was fully supported in all areas of their care and people received consistent care

that met that their needs. Staff worked sensitively with people, recognising there were younger adults who wanted to experience new things. They were supported to do this through discussions and using people's story books to explain to others, about people's wants and needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff worked within the principles of the MCA. They explained to people what was about to happen before delivering care and gained their consent, for example, when supporting them with medicines, daily life skills, or going out. Staff offered people choice and respected their decisions. Where people were unable to make a choice, staff worked with the person to make decisions for them, knowing they were in the person's best interests.
- The registered manager told us one person had restrictions on their liberty which was more about keeping them safe, than depriving them of anything.

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

- People used their 'talking mats' and their 'learner voice files' that were designed to help them make informed visual choices for choosing their weekly food menu. People did their own food shopping and prepared their meals with staff support based on what they enjoyed. Staff helped people eat a balanced and nutritious diet, whilst respecting people's choices.
- Where people were identified at risk of choking, soft options were provided and records were kept for people at risk of malnutrition to show staff, what foods people particularly enjoyed so they could offer more of them.

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

- The provider had their own team of internal speech and language therapists. Their role was central to providing support that included assessing people's communication skills, devising communication development plans and training staff in the effective use of communication strategies appropriate to each person. These strategies were reviewed with each person and amended as required. This team also assisted staff to develop bespoke support to match people's individual needs and requirements. This had been particularly beneficial when helping a person to find alternative ways of choosing from a wider option of drinks. The support was carefully tailored to meet the person's needs and as a result, had been extremely successful in giving them more variety in what they drank.
- In addition to in house therapists, staff worked closely with external healthcare professionals including multi-disciplinary teams and GPs. People's healthcare records showed that people were supported on a regular basis for healthcare checks.

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

Outstanding: People were truly respected and treated as individuals; and treated as partners in their care in an exceptional service.

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

- The person-centred culture focused on the promotion of people's rights to make choices and live a fulfilled life as independently as possible. A relative spoke proudly of how staff had provided one to one support that helped their family member develop and widen their experiences.
- When we arrived, a person living at Church View let us in and got us to sign it. Staff allowed people to take control – it was their home. There was a happy, engaging and lively atmosphere in the home. Music was playing and people enjoyed being with each other. People were relaxed in the company of staff and there were lots of smiling and laughter. This showed how good communication had supported the development of important relationships between people who used the service and staff.
- Relatives said family members were exceptionally well cared for and were consistently positive about the staff team. One person said, "The care and staff have gone from strength to strength – it's exceeded our expectations." Relatives said staff had an excellent understanding of their family member's strengths and when they needed extra support to develop new skills and improve their communication. Relatives said their family member could now share feedback and opinions to them in their own way and knowing they would be understood.
- Staff were highly motivated to provide people with excellent care. One staff member said they went the extra mile so people could have 'the best day' possible. They told us they had helped people to make special moments, such as taking people on holiday, to watch Disney productions, planning work experience, attending Crufts and supporting people to horse ride through 'Riding for the Disabled'. Staff commented, "Everyone helps each other, like family" and, "I love what I do".
- People respected and cared for each other and were aware and supportive of each other's needs. We were told of one example where a person went to staff, said the name of another person who lived in the home and pointed to the kitchen. When staff investigated they discovered the other person wanted to wash their hands. For the person seeking help, staff told us this was a huge personal achievement. It also showed how people had become to care for others, and demonstrated an awareness of staff purpose to support and help people.
- Staff demonstrated empathy and gave people time to express themselves fully, valuing their opinion. People were involved in the recruitment of new staff and where possible, had a choice about who provided their day to day support or who was their keyworker. Staff were matched to work with people based on their interests and shared values, such as staff who liked horses, dogs or certain types of music. This gave people and staff, shared interests to further develop communication based on knowledge.
- People were supported to maintain friendships and relationships that were integral to their emotional wellbeing. A relative told us how their family member had a friend at another home whom they had known for most of their life. Once staff established this connection, they arranged for them to meet up once a

month for lunch. The relative said, "This is just marvellous, they are old friends and it's lovely they get together."

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

- Relatives told us staff respected and championed people's ability and right to 'take control' of their own decision making. This was achieved through staff's commitment to developing individual communication strategies that worked. As a result, people became a valued participant in their care reviews.
- Staff had an exceptional understanding of how people communicated, using creative approaches to maximise people's ability. Almost everyone living at the home, communicated through pictures, comic strips, Makaton or other techniques. Staff used innovative practice such as talking mats (talking mats act as a visual and talking communication aids for people living with a disability), dream books and learner files to support people's individual levels of understanding and to enable them to make their own choices. This meant people demonstrated their choice through their own unique methods and could communicate personal choice in following their dreams and aspirations.
- People and staff worked together to continually focus on improving engagement. This helped people engage and communicate with others in the wider community so people's views and choices could be heard and they could lead a more independent life.

Respecting and promoting people's privacy, dignity and independence;

- Respect for privacy and dignity was at the heart of the service, with a sense of equality between people and staff. The registered manager was passionate about promoting people's human rights.
- Staff created an inclusive, comfortable and safe environment where people were encouraged to overcome obstacles. Staff ensured people's privacy and choices were supported and respected. People were enabled to explore and express their sexual feelings and staff shared information about intimacy and privacy in a way people understood.
- Promoting people's independence through enhanced communication was central to the service provided at Church View. People had successfully grown in confidence and independence, to lead more fulfilled lives. A speech and language therapist explained this was achieved by giving people a voice through their own personal communication strategies. Where people had expressed a wish, staff had made sure it happened for them and as their confidence grew in their own abilities, people had strived to achieve more in their lives.
- Success stories included a person going to the hairdressers for the first time and another person enjoying a music concert. For some people independence was feeling comfortable in a group of people, a significant achievement for those living with autism. These successes, big or small, gave people a sense of personal value and self-belief.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- The provider's ethos was 'with high quality care and support, we believe everyone can achieve their dreams and aspirations'. This was evident through a person-centred approach that delivered hugely successful care outcomes for people.
- Staff made the unachievable, achievable when planning personalised care. In one example, staff contacted the person's favourite Australian actor and arranged for them to meet them, which they did. Following this, the actor sent the person a video message to celebrate their birthday which the person 'loved'. Staff said the person's reactions showed they gained so much from this and significant memories were made.
- Staff employed unique and innovative techniques to enrich people's lives. For example, one person was underweight and had their drinks thickened because of a risk of choking. The person did not like thickened drinks. It meant they only had two flavour choices and sometimes refused drinks 'through boredom'. The provider's own SALT team, through research, acquired a special cup that only released normal liquids 5ml at a time. On a trial basis, this was shown to work well for the person who no longer needed thickener in their drinks. Through ongoing 'taster sessions', the person was experiencing new flavours they had never been able to try before. Staff said the person's facial and body reactions were now more joyful and they had minimised risk through dehydration.
- Staff recognised some regular processes caused some people to become anxious. The registered manager recognised the unexpected element of activating the fire alarm contributed greatly to one person's anxiety. Staff worked with the person and by enabling them to complete the weekly fire alarm tests, the person had now taken control of the situation and saw it as a positive experience. For another person, they used a white board to record their daily tasks to remain motivated as they worked through them. The registered manager said for people with autism, "This gives them control and routine to reduce their anxieties." As a result, the person had more meaningful one-to-one interactions that reduced social isolation and behaviours that may challenge.
- The provider's speech and language therapists responded proactively to develop bespoke communication strategies in line with people's needs. These were focussed on supporting people to make day to day decisions and included strategies, such as sensory communication using touch and music to help aid communication and social skills. Other communication methods helped people develop the ability to initiate spontaneous communication using specific pictures and symbols. Staff recognised one person used their own, but unknown method of communication. Staff worked with the person using pictures and symbols and now they had become more expressive in their decision making.
- Speech and language therapists also supported communication strategies outside of the home to give people more confidence and improved social skills. For example, some people used Makaton (a form of sign language). Staff and the provider had introduced Makaton to some local businesses people regularly used,

such as a local shop. This meant people could communicate with a designated member of staff in the shop using Makaton which reduced any fears and anxieties and built confidence for people to independently engage.

- One relative said how all of this support helped their family member to live a more fulfilled life. They said, "[name] was like a wall flower – wouldn't push themselves. Now, they go to college, work experience...I love that. They have learnt Makaton and so the opportunities now are fantastic." They told us their family member loved children, so was helped to communicate a story to a local children's nursery. Through this persons' love of dogs, they went to Crufts and now worked at a local dog rescue centre. They said, "I can't speak highly about the place." Another relative said the positive change in their relation could not have been achieved without the dedication and support of staff.

- 'Story books' were an extension of a person's communication strategy. The story books were used as an innovative tool, such as how to engage and prepare for a new experience. For example, one person was reluctant to visit a hairdresser. Staff had broken the experience down into achievable steps for the person over a period of time. This approach resulted in the person having their hair professionally cut and styled. Similar approaches had been used to help others achieve new experiences where they had previously been anxious.

- Staff helped people complete a personalised 'dreams book' about what people had achieved and what motivated them to achieve in future. Books seen included personal aspirations for going to a music concert, meeting favourite actors and going on holiday. Books matched people's communication methods, for example one book designed by a staff member was sensory based, so included textiles, feathers and fabrics to describe what the person wanted.

- Creative ideas helped promote people's wellbeing and aspirations. One relative said their family member's 'dream' was to do a sponsored swim. The swim was arranged on the relatives' birthday and because they could not drive, staff arranged to pick them up and take them to watch. The relative told us it was fun and staff presented them with a video and photographs to celebrate this event. They said, "[Name] smiled all the way through it, they loved it." The head of care said a presentation was going to be made to this person to celebrate their achievements and the money they had raised.

Improving care quality in response to complaints or concerns;

- People were continually involved in day to day choices so when people's actions or signs showed they were unhappy, staff supported people to prevent any concerns escalating. Relatives had not made any complaints to the service but knew what to do and who to contact.

End of life care and support;

- At the time of our visit there was no one receiving end of life care.

- Although Church View was not a nursing home, the registered manager told us it was a home for life. Where possible, people who became very poorly could remain at Church View if they wished to. The registered manager told us they would work with other healthcare professionals to ensure people were supported with dignity and sensitivity at such a time.

- The registered manager and staff were compassionate and aware of the support people would require, specifically for people living with a learning disability and being mindful of their age.

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.

Outstanding: Service leadership was extensive and distinctive. Leaders and the service culture they created drove and improved high quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- Without exception, relatives told us the service helped family members achieve their goals and ambitions, giving them a true sense of personal value and celebration. A relative said with staff support and dedication, their family member had recently learnt Makaton which had opened up new and positive experiences. As a result, their relative had grown in confidence and was integral in making the service better. They said their family member was involved in recruitment, and said, "[Person] has gone to board meetings, met managers and has been involved in staff interviews." They said the care was more than just getting people up and washed, it was aimed at giving people 'purpose and true value'.

- Reflecting the caring approach of the registered manager and the exceptionally open and positive organisational culture they had created, staff were proud to work for the provider. One staff member said, "We are all here because we want to do the best." Staff were motivated and led by people to promote person centred care. All staff understood the support they provided, however small, made big differences to people's lives. For example, staff worked with a person who was distressed when visiting the dentist. Staff's commitment to delivering personalised care, resulted in the person having control over their own health outcomes. This person now attends dental visits without fear and anxiety because they require far less treatment. Positive feedback was received from visiting professionals. They said the commitment to offering new opportunities to learn and develop communication was 'outstanding'. They said they were impressed by the active involvement and people's sense of achievement.

- Staff were empowered to be champions in key activities, such as types of communication strategies, as well as being a person's key worker. They said this gave them a sense of true ownership over the care people received. Staff respected each other and because of this, they valued each other's opinions to share important feedback about people. For example, one staff member recognised a person used some form of Makaton, but in their own way. Staff collectively arranged for this person to attend a Makaton club with other people from Church View so they could become more involved and have more social interactions. This attention to detail meant people's life skills and personal abilities continued to grow.

- Staff were extremely complimentary of the registered manager. They said they were approachable, responsive and allowed staff and people to express their own ideas and feedback about the service. The registered manager was a strong leader, valuing feedback and acting on it where required.

- The registered manager knew when to submit statutory notifications for important events and their rating poster was displayed for people and visitors to see their latest CQC rating.
- Governance was well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. The head

of care said about Church View, "This service is up there at the top", recognising staff's contributions. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the heart of the service because the service was led by a dynamic and purposeful provider who promoted a positive culture that was person-centred, values based, inclusive and empowering. Their ethos was to respect the rights of people, their dignity, privacy, choice, independence and equality and diversity. This open culture incorporated these values through day to day practice, such as through discussion group meetings, one to one reviews and seeking people's feedback.

Working in partnership with others; Continuous learning and improving care;

- Internal SALT teams provided valuable support to people. For example, tailoring bespoke communication plans and techniques for people to use. This meant the staff responded quicker to people's communications as they developed over time. Staff's training needs were matched to this.

- External links with social workers, dieticians, multi-disciplinary teams and GPs remained responsive to meet people's support needs. Positive feedback was received from visiting professionals. They said the commitment to offering new opportunities to learn and develop communication was 'outstanding'. They said they were impressed by the active involvement and people's sense of achievement.

- Advocacy services supported people and links were established with local churches and faith groups so people could maintain their cultural beliefs.

- Staff actively promoted opportunities with others, such as seeking work placement and voluntary schemes for people to be part of. Following one person's development identified in their "dreams book" staff worked with them on their next goal.

- The head of care and quality assurance co-ordinator were extremely proud of what the registered manager and staff team had achieved. They told us the registered manager was central to sharing good practice and new ideas to senior board members and at internal manager meetings. The quality assurance manager shared learning material following our visit that the registered manager had created and shared as to what an Outstanding service was, matched against our key lines of enquiries. This was communicated to managers across other homes within the provider group.

- The registered manager took responsibility for their own learning by keeping up to date and researching new initiatives. For example, they had attended an external train the trainer course in 'Communication Builders for Complex Needs'. The registered manager was now a qualified tutor to deliver a wide range of communication training. The registered manager found meaningful and creative ways to enable people to express themselves. For example, through their research they found a Makaton to music DVD. This DVD helped people express their thoughts and feelings through sign and musical rhythm which previously, they had not been able to do.

- The provider held a two-day annual conference as a learning opportunity. Following this, the registered manager introduced informal house meetings called, 'coffee and chat' because people shared their thoughts and feelings easier in a relaxed setting. The registered manager said once this was introduced, it, "Boosted resident's confidence, self-esteem and developed their social skills." One relative confirmed this and said, "[Name's] confidence and improvements in speech, engagement and movement is immeasurable."

- The registered manager recognised the value of external influences and worked alongside other agencies. For example, the registered manager had attended external meetings with the local authority about protecting vulnerable people. They also attended meetings with the fire authority to ensure they were kept up to date with fire regulations.