

Royal Mencap Society

Royal Mencap Society - 62

Wright Street

Inspection report

Horwich
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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

62 Wright Street is a domestic property located close to Horwich town centre and has good access to local shops and public transport. It is part of a larger organisation, The Royal Mencap Society. The service is registered to provide accommodation and personal care for up to four people with a learning disability / autistic spectrum disorder. On the day of the inspection three people were living at the home.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was an unannounced inspection which was carried out on the 15 February 2018.

At our previous inspection on 18 November 2015 we found that people were receiving high quality care which was responsive to people's individual needs. At this inspection, we found that these standards had been maintained and improved further. People received an outstanding level of care. Skilled and extremely caring staff supported people in an exceptionally person centred way. Staff embraced people's diversity and this was reflected in the care plans we saw.

The registered manager was based at 62 Wright Street five days per week. There was an assistant service manager on site five days per week who worked flexibly in response to the needs of the service. There was a manager available by telephone at all times.

We observed excellent relationships between people and observed the senior management team and staff interacting with people in a caring, good humoured and friendly manner. Management and staff demonstrated exceptional insight and understanding of people's personal preferences and needs. People appeared happy and relaxed and we overheard much laughter and observed meaningful interactions during our visit.

People's confidence and ability to be as independent as possible had grown since living at 62 Wright Street. Risks were managed effectively and people clearly felt safe meeting new challenges with the support of the staff. There were enough staff on duty so that they could take part in the activities they wished and be supported in meeting their individual needs. People had access to activities that were important and relevant to them, both inside and outside their home. They were protected from social isolation because of the exceptional support and exhaustive range of opportunities offered by staff.

There were systems and processes in place to protect people from harm. They had their medicines administered safely. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. People's needs were assessed before and when they moved into the home and on an ongoing basis to reflect changes in their needs. Clear and well thought out

arrangements were in place for people moving into the service which helped to significantly reduce possible anxiety about this change.

The service had fostered positive working relationships with health and social care professionals which led to joint working to expand people's communication skills and identify new ways for people to access health care.

A robust system for staff recruitment, induction and training was in place. This enabled the staff to support people effectively and safely.

The home was clean, tidy and remarkably homely in character. There were systems in place to prevent the spread of infection. Staff were trained in infection control.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

The managers and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who are unable to make their own decisions.

Effective quality assurance audits were in place to monitor the service. The service regularly sought feedback from the people who lived there and their relatives. Staff had regular supervisions and were invited to team meetings. There was a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce. There are high levels of satisfaction across all staff and staff told us they were listened to by the managers.

The service had been developed and designed in line with the principles that underpin the Registering the Right Support and other best practice guidance; these values include choice, promotion of independence and inclusion. This policy asserts that people with learning disabilities and autism using a service should live as ordinary a life as any citizen. This policy can be found on the Care Quality Commission website.

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 remained good

Is the service effective?

Good ●

The service remained good

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

People's care was based around their individual goals and their specific personal needs and aspirations. People with complex needs and behaviours that may challenge, were being empowered and enabled to feel a part of their community, and to achieve their goals and more.

Feedback from relatives was extremely positive about the quality of life that their family members were experiencing.

Support was completely tailored to each individual, and staff understood the best way to support each person with their complex needs. Innovative approaches were used to maximise each person's potential, and ability to take part in meaningful activity.

Is the service well-led?

Good ●

The service remained good.

Royal Mencap Society - 62 Wright Street

Detailed findings

Background to this inspection

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

This inspection took place on 15 February 2018 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of the inspection there were three people living at the home.

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 which improvements they plan to make. We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about events which the service is required to send us by law. We used this information to decide which areas to focus on during our inspection.

We contacted the local Healthwatch organisation and the Local Authority Commissioning team to obtain their views about the provider. No concerns were raised about the service provided at the home.

We were unable to speak with any of the people who used the service, due to the nature of their disability. However, we spoke with two relatives and five members of staff including the registered manager and the assistant service manager. We also contacted four health and social care professionals after the inspection visit. These parties had no concerns to share about the service.

We used a short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to communicate their view with us.

We looked around all areas of the home and looked at food provision.

We looked at the care records and medication administration records of all people living at the home. We also looked at the recruitment, training and supervision administration records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

Staff ensured the service was safe by asking us to present our identification on arrival and asking us to sign into the visitor's book.

People were protected from harm by trained staff who knew how to keep people safe and knew what action to take if they suspected abuse was happening. Potential risks to people had been identified and assessed appropriately. We saw that safeguarding was discussed in staff supervision and at team meetings. A policy was in place that staff could refer to if they needed to report an incident. One staff member told us, "I know how to report any concerns, I would refer to the policy and then I would report it to [named registered manager]".

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

Risks to people and the service were managed so that people were protected. Accidents and incidents were recorded and reported promptly to the managers by staff. The manager would then investigate the accident or incident, take any further necessary action and record the information. We saw that any incidents were discussed on a daily basis at each staff handover. Risk assessments were reviewed when needed following an accident or incident and care records confirmed that these were reviewed annually as a minimum. One person's care plan showed that they had been identified and assessed as at risk in relation to mealtimes, moving and handling, use of wheelchair, use of mobility vehicle, epilepsy, fire safety, uninvited caller and the management of finances. The risk assessments we saw put the least restrictive measures in place possible to keep people safe. The service manager said, "We take risk very seriously and carry out a thorough assessment to keep people safe both within the home and when accessing the community". We looked at all five care records and found that they were regularly reviewed and stored securely, whilst being accessible to staff. This meant that the service looked at ways to minimise any risks to enable people to live their lives in a safe way with the least possible impact.

We looked around the building and found the environment was very clean and decorated to an excellent standard having recently been redecorated. The service felt very homely. There were systems in place to ensure the prevention and control of infection was managed within the home. We saw that staff wore personal protective equipment such as aprons and gloves to prevent the spread of infection. A professional told us the home was always clean when they visited. We saw that monthly infection control and necessary repairs audits were undertaken to identify any areas for improvement. Infection control guidance was in place for staff regarding prevention and control and we saw this was followed. The service had recently achieved the top rating for infection control and food hygiene by the local authority.

We looked at the equipment and facilities at the service and found that the environment was safe for the people who lived and worked there. The water supply was tested regularly to prevent legionella, and safety

checks were carried out on the supply of gas and electricity and fire fighting equipment. The building was well maintained and we saw that health and safety checks had been carried out in line with the policy. Staff had been trained in fire safety. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, so they could be evacuated safely in the event of a fire. Fire drills took place on a regular basis so all staff had practical knowledge of knowing what to do in the event of an emergency. A fire safety risk assessment was in place. These safety checks meant that people were kept safe in the event of an emergency.

We looked at the medication policy and the systems within the home for ordering, administering, storing and disposing of medicines. All staff had been fully trained in all aspects of medication, six monthly observations of practice were undertaken to check the competency of staff and training was refreshed regularly. Medicines were stored safely in a locked cupboard. Fridge temperatures were taken daily to ensure they were within the manufacturers' recommended temperature range.

There were sufficient staff rostered to provide people's care safely. The registered manager told us there were several staff who drove the home's vehicle and they were rostered around people's trips out, to ensure there were sufficient drivers to take people to their activities. Staff recruitment records contained evidence of proof of identity, a health declaration, a criminal record check, full employment history, and satisfactory evidence of the applicant's conduct in previous employment. Appropriate recruitment procedures were in place for people's safety.

Is the service effective?

Our findings

We looked around the property and saw that the environment was adapted for wheelchair use which enabled people to access all areas of the home freely. The home was clean, spacious and uncluttered. One professional told us, "The scheme felt like home, we were welcomed into the property, made a cup of tea, introduced to all the residents and made to feel really welcome. The property was nicely decorated, immaculately clean as were the bedrooms and toilets throughout."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met and found that the service were fully compliant with these obligations.

People were supported to maintain good health and had access to healthcare services. People received support from a variety of professionals such as a GP, dentist, optician and chiropodist. The staff and managers would ensure any appropriate referrals were made. Staff told us, "We take them to hospital, their doctor or dentist. Some people have some specialist support from health services". Some people at the service received support from the district nursing team and physiotherapists to support their health needs. Care records confirmed that people had visited a range of healthcare professionals. One professional said, "They follow advice and guidelines set in place by clinicians." We saw that health needs were clearly documented and the outcome of appointments was recorded. Hospital passports had also been drawn up for people. These provided essential information about people if they had to be admitted to hospital. The service are involved in a campaign called 'Treat me well' where they hope to transform how the National Health Service (NHS) treats people with a learning disability in hospital. These measures showed us the service is committed to improving the health outcomes for people using the service.

Staff were aware of people's nutritional requirements and worked closely with dieticians and the Speech and Language Therapists (SALT) to monitor people's dietary intake. Where people had specific conditions, for example, where they were unable to take their food orally. Suitable arrangements were in place to make sure all staff were trained to support people using specialist techniques. Other people at the service had eating and drinking guidance in place. We observed staff followed this guidance when supporting people at mealtimes. We saw that the service had arranged specialist training was accessed to meet the needs of people using the service.

Sickness and holidays were covered by existing staff within the home, or other local homes managed by the provider, that were knowledgeable about people and understood their individual needs. A staff member told us, "The training we receive is very thorough and it is something I look forward to doing as a team, most of it is face to face training so we all get to work through real issues together." This showed that the service were committed to developing the staff with training that was meaningful to their role.

People were supported by staff that had the necessary training to meet their needs. The training provided was in line with the standards set by the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff had received mandatory training in areas relevant to their role such as: moving and handling; epilepsy awareness, medication, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), dysphagia and fire safety. Staff confirmed that a staff induction programme was in place.

Regular team meetings were held and staff were expected to contribute to the agenda. We looked at the minutes from the meetings and saw that the teams discussed; communication, behaviour, risk and best practice in relation to the mental capacity act, alongside more practical issues such as, activities and holidays. Handover meetings were held daily as staff crossed over at the start and finish of their shifts. We saw that staff shared valuable information and recorded what was discussed, to ensure optimal communication and consistent support for those living at the service.

The service managed people's transition with sensitivity. The service manager told us, "We have learnt from previous experience that taking plenty of time when supporting people moving between services is key to a successful transition". A relative told us, "The staff have worked through the transition of [name] with such patience and have really thought everything through. The process has been handled very professionally." The assistant service manager explained that the transition is taking place over a three to four month period, with tea visits and overnight visits taking place to explore the compatibility of the residents and to ensure that the service can meet the needs of the person intending to move to the home.

Is the service caring?

Our findings

Staff were warm and extremely kind to people when they interacted with them. There was a calm and relaxed atmosphere in the service. Although some people could not respond verbally due to the nature of their disability, staff communicated with them positively, remaining calm and supportive throughout. Staff chatted to people as they provided their care and told them what they were doing. One relative was particularly complimentary about the service, they told us, "I can't praise them [the service] enough, they are brilliant! [Name] is receiving the very best care he can get to meet his needs. I really can't fault them."

The service had made excellent attempts to include people in the care they received. Each plan of care contained a detailed overview of people's capacity and ability to communicate. A statement in each plan explained that people are always present when meeting with professionals about the care they receive and when information is shared about their care. A staff member said, "Although we are not sure how much people understand, we always include them in the meetings and reviews we have." Another told us, "We know people really well and we look for cues that tell us whether people are happy with what is happening or not, sometimes people make it clear that they do not wish to stay for the whole meeting so we support them with an activity while any decisions are made in their best interests." We saw evidence of best interests meetings that had taken place on people's behalf.

The service is exceptional at helping people to express themselves, so that staff and managers at all levels can understand their views, preferences, wishes and choices. Staff used a variety of tools to communicate with people according to their needs. Staff used creative ways to communicate with each person using the service. We saw that some people receiving support had limited communication but could relay their consent and emotions, for example, by using body language, gestures, facial expressions and vocal sounds. Staff understood people's communication as a result of a comprehensive assessment, observation and fact finding over a period of time. This had helped them understand and respond appropriately if people were feeling sad, happy or in pain. For example, staff had noted one person with limited communication showed distress in their vocalisation and body language. Over a period of time staff recorded and monitored the different types of expression used by the person, and the findings were used to identify that the person no longer wished to attend a social event they had been going to. Staff were aware of people's preferred method of communication and used various aids such as pictures and key words to ensure people could express their views and were consulted about decisions and choices. A professional told us, "They [staff] advocate for each client living at the property. The service is very person centred and all the staff know the client's very well so are able to anticipate their needs as they are unable to verbally express this." It was very clear that there was an equality, diversity and human rights approach to supporting people's privacy and dignity. Staff knew how to make sure this was embedded in everything they did.

People's bedrooms were decorated and furnished to reflect people's personal tastes. People were able to have items of importance to them in their bedrooms to reflect their personality. Consideration was given to people's sensory needs, for example, one person had a view out to the garden so they could see lights and ornaments that had been placed there by the staff. Another person had sensory lights around their bedroom to help them relax when going to bed. A professional commented, "I can't believe how individualised the

bedrooms are, they each have their own individual stamp on them."

The way staff behaved meant people were truly respected and valued as individuals and were empowered as partners in their care by an exceptional and distinctive service. Where possible staff involved people in their own care plans and reviews. However, due to people's capacity, involvement this was sometimes limited, and consultation could only occur with people's representatives such as their relatives. The service worked closely with local advocacy services and other professionals to provide a holistic model of care to the people using the service. One professional told us "The team have a very person-centred approach to caring, they are very professional and vigilant in terms of protecting the people that live there." It was clear that staff cared for individuals and each other in a way that exceeded expectations. Staff demonstrated a real empathy for the people they were supporting.

We observed that the structure of the day was determined by people receiving support. People were supported to get up when they were ready. Staff showed us that although people had a suggested schedule of activities these were flexible, and staff altered the programme for the day in response to how people were feeling. Respect for privacy and dignity is at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. People and staff feel respected, listened to, and influential.

We observed staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout. A professional told us, "The staff are very professional in their manner, warm and welcoming when I visit the home."

People had detailed decision-making profiles in their records, which documented how staff should involve people in decisions. Records explicitly stated that people's choices were to be respected. We observed that although no-one living at the service could articulate their views verbally and relied on body language, sounds or behaviours to communicate; staff ensured they involved people in decisions about their care. We heard staff ask if people would like their drink, they then waited to gauge how the person reacted, before either offering the drink or waiting. People were supported by staff to be involved in decisions about their care wherever possible.

During the day of the inspection we spent time in the communal area of the service and carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

We saw throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. We saw that staff were never far away if someone needed help. One professional told us, "The staff are very attentive and are always on hand to support people, I've rarely seen better care."

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager and care staff were knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Highly person centred care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were reviewed on a continuous basis.

Care was completely personalised to each person that used the service, and people and their relatives were fully involved in their care. A relative told us, "The staff communicate very well with us about any appointments, meetings or significant events for [Name] so we are really kept in the loop." Staff had an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. One staff member said, "We build the day and activities around what people enjoy doing so people can lead as fulfilling a life as possible." We saw written feedback from one professional which said, "[Names]'s walking really well which is a clear sign of the staff's commitment to keeping her active, they are so dedicated to the work they do with people."

We looked whether the service was working to National Institute for Health and Care Excellence (NICE) guidance entitled "people's experience in adult social care services: improving the experience of care and support for people using adult social care services." The guideline covers social care received at home, residential care and community care and aims to support people to make decisions about their care and to encourage providers to improve the quality of their services. NICE recommendations include the recognition each service user is an individual and that each person's self-defined strengths, preferences, aspirations and needs are the basis on which to provide care and support to help them live an independent life. We found that the service excelled in implementing these values.

There was compelling evidence that the service considered the people they supported in terms of their individuality, one person who could not verbally communicate their preferences had indicated that they enjoyed speciality coffee, so the service had provided a coffee machine for his use. Another person enjoyed music and a party atmosphere so he had his bedroom set up with a disco ball and sensory lighting so he could enjoy this experience. We saw these small details had a huge impact on people's wellbeing.

Staff considered how barriers due to disability impacted on people's ability to express their aspirations and wishes and take part and enjoy activities open to everyone, which they however could not indicate themselves. For example, Staff spoke about plans to support the people using the service to go on a boat trip in the future. Staff had put plans in place to initially determine whether people would enjoy the experience. Some people had a season ticket for the local football team and staff described how much the people enjoyed this, one staff member said, "We support the guys to go to every home match, they know other football fans at the club now which means we feel part of the community and [Name] is so involved with the match and picking up the energy in the crowd, he clearly gets caught up in the excitement and it's so great that he can enjoy the atmosphere as much as the next person."

The service supported people to take part in local community activities by celebrating Halloween and Christmas with their neighbours. People were encouraged to take part in the festivities by helping to set the table and playing festive games. A staff member told us, "Christmas day is very special to us here, everyone is up with a super quick wash and ready to open presents together and have some fun. Many of the staff are happy to work at Christmas to make it extra special for the guys that live here, it's a lovely place to be." People had a keyworker assigned to them who chose personalised gifts for them at Christmas and birthdays, the keyworker would also support people to choose cards and gifts for people's relatives and friends to support people to maintain relationships with those close to them.

The service supported the people who lived there to take part in an extensive range of activities. Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. People were encouraged and enabled to engage in activities meaningful to them and they were passionate about. The service had gone the extra mile to find out what people had done in the past and enjoyed. Then plans were put in place so that they could happen again. Staff were also proactive in introducing new activities. Reasonable adjustments were made in innovative ways to encourage independence and choice. For example, one person who was a fan of wrestling was booked in to go and see a live wrestling show. The service assessed the risks around this trip and prepared the person by liaising with the venue to identify the most suitable event to attend and by doing a 'dummy run' of the journey. The staff researched the event on the internet to assess its suitability for the person.

Another person at the service loved watching a particular type of film so they had a regular movie night so they held regular film nights.

People using the service had the opportunity to go on individual holidays, last year one person went to a holiday cottage in Wales, another person went to Blackpool for a short break. The people at the service regularly attended music concerts, having recently been to see The Killers and Depeche Mode. Typical weekly activities might include: lunch out at a pub or café once a week; trampolining; hydrotherapy; swimming; a trip to the cinema or a relaxing session in the sensory room. People also regularly used the services of an aromatherapist who visited regularly to help people relax and support their emotional wellbeing.

There was a complaints policy and procedure in place. The service acknowledged that people could not complain in the usual way due to their limited communication. The service assessed the capacity of each individual and put into place a personalised plan detailing how people could complain, for example they assessed if a person could communicate using happy and sad faces, or if they could recognise a tick or a cross. Daily recording observations also reflected if things had not gone well for a person which had been captured observing people's body language or expressions. The service had not received any complaints since the last inspection but the registered manager explained the complaints procedure to us. The service had, however, captured many compliments from professionals and visitors to the service. One professional said, "On my visit to the service, I looked around the building and found that staff and managers had a really positive attitude and enthusiastic manner, the service also have a fantastic retention of staff. It's a lovely service with excellent care provision."

The service trialled some assistive technology to safeguard and improve the lives of the residents at 62 Wright street whilst directing staff to focus their support where it was most needed. The bespoke package of assistive technology helped to monitor people's health needs which linked up to the local GP surgery to share information effectively. For example, some people wore a patch that monitored their heart rate, temperature, blood pressure and could pre-empt an epileptic seizure. This meant that the GP could access crucial information as part of the individual's ongoing health care and provide timely treatment.

The assistant service manager explained that sensitivity was needed when exploring issues around end of life care because the people in the service were unable to make their wishes clear. The service were prepared to provide the care of anyone coming to end of their lives in the future. The service managed this by recording what was important to the person and an understanding that if a situation arose where someone may be approaching end of life they consulted with those relevant to ensure people's preferences and choices for their end of life care were acted upon. The service had previously supported people at the end of their lives and we found that some staff had been trained in end of life principles of care. The assistant service manager told us, "Should people require support as they come to end of their lives we would try to keep them at home with us as long as possible and arrange appropriate training for all staff in order to provide the best care."

Staff have opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service is developed.

Is the service well-led?

Our findings

During our inspection we found the service was very well-led, with an intrinsically transparent culture. The people who lived there, their relatives, and staff members felt well supported. The leadership, governance and culture were used to drive and improve high-quality, person-centre care. The service had a strategy and supporting objectives that were stretching and challenging, but realistic and achievable. The staff team were strongly collaborative.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was based at the service five days per week. They also managed other small homes for the same provider. The assistant service manager was also based at the home five days per week. A manager was always available by telephone. On the day of the inspection we spoke with registered manager and the assistant service manager and gave them both feedback at the end of the inspection. The service held regular team meetings and 'reflections' events where they engaged with residents and staff to discuss what was working and not working and plan future outcomes. There was a particularly strong emphasis on continuous improvement. Innovation is celebrated and shared between the staff team and the other services owned by the provider. There was ample evidence that learning from concerns and incidents was a key contributor to continuous improvement.

The managers demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including; accident reporting, finances, laundry, premises safety, food safety, and risk assessments. Health and wellbeing audits were undertaken which measured how people were supported, both physically and emotionally. Where action was required to be taken, the evidence underpinning this was recorded and plans put in place to achieve any improvements required. This included implementing an updated cleaning schedule.

All the people we spoke to were extremely positive about the managers and the culture at the home. A staff member told us, "We are like one big family here, the managers are very much part of the team and support me very well." We observed that staff felt comfortable with the managers and discussed various sensitive issues. This showed us that managers promoted a culture of honesty.

A statement of purpose was available to inform professionals of the registration details of the service, key staff and their contact details, the range of staff and qualifications, the organisational structure, aims and objectives, the facilities and services offered and the complaints procedure.

The service displayed their current rating in the property and on the website. We looked at some policies and procedures which included key ones, for example, confidentiality,

safeguarding, Mental Capacity and DoLS, whistle blowing, equal opportunities, data protection, health and safety, social networking, smoking on duty, medicines and infection control.

One staff member told us, "The managers are readily available to help us out or give us guidance, there is always someone around." Another staff member said, "We can talk about any issues here with honesty and we all have the joint goal of supporting people well."

The managers at the service had a clear vision for the future and were committed to improving the service. Staff were motivated by and took a pride in their work. Staff were also proud of the service. There were consistent high levels of constructive engagement with people and staff from all equality groups. Managers develop their leadership skills and those of others. The registered manager told us, "We are proud of the service we offer to people, all the team go above and beyond to provide a safe, homely environment for people to grow in."

The service arranged an annual charity event and encouraged people and staff to take part. People living at the service had recently attended and donated to a coffee morning to raise funds for Macmillan Cancer Support. This was an opportunity for people to meet within the community, and with their family and friends to work together and contribute to a worthwhile cause. The service is an important part of its community. It develops community links to reflect the changing needs and preferences of the people living there.

The service worked in partnership with key organisations, including the local authority safeguarding teams and social work teams to ensure people received good care provision. Relevant information and assessments were shared with other agencies to benefit people who used the service. For example, records to monitor epilepsy were shared with the neurologist to assist their review and consider any changes necessary to treatment. A professional told us, "The team at Wright Street have always impressed me with their commitment to the care of those living there, they contact us to seek advice and they follow the guidance we give them, they are a pleasure to work with. " The registered manager told us that some work was being done across the wider Mencap team through monthly meetings, where managers were sharing information to reinforce learning and improve the quality of the service.

The service had contributed to Mencap's 'Treat Me Well' campaign. The campaign aims to transform how the National Health Service (NHS) treat people with a learning disability, promoting awareness and improving accessibility. The service shared their experiences of the challenges people face when accessing health services and gave advice and highlighted areas for improvement in areas such as, moving and handling equipment and decisions around people's mental capacity and communication.

The service also consulted with the campaign 'Changing Places' which champions people's rights to use the toilet in safety and comfort and have access to facilities which have more space and the right equipment, including a height adjustable changing bench and hoist. The assistant service manager told us, "We have supported people to contribute to this campaign because finding appropriate personal care facilities is something we have to consider every time we support people to go out, whether it's because the facility is not suitable, or we have to find the only person in the building to unlock the toilet door for us when there is only one key! We feel passionately about not only tackling these everyday problems for our residents, but to address these issues in a wider context."

Questionnaires were completed by stakeholders and we saw that there were many positive comments. People who used the service were unable to complete questionnaires, but it was clear from documentation that they were involved as far as reasonably practicable in all aspects of their care delivery.

We saw the governance of the service was well embedded and improvements made in other areas of the service such as evidencing a truly responsive and caring service. There were clear roles and responsibilities which staff understood. This ensured that governance was well managed by staff with delegated roles to complete. Information had been recorded, reviewed and any improvements implemented to improve the quality of the service. The service had been able to capture what they did well by keeping clear documentation and evidencing consistent and clear quality assurance of systems to identify any areas of concern so they could be addressed effectively. The registered manager had met their legal requirements to the CQC including submitting relevant notifications and other information.

Professionals involved with the service were complimentary. One professional told us, "The manager's knowledge of each person health, their likes and dislikes, what makes them happy or sad, what they like to eat, how to care for each person giving them dignity, safety and the best quality of life was exemplary. We came to get an insight, an overview assessment but we gained far, far more than that."

At this inspection we found that 62 Wright Street offered exceptional care and support to people. A professional summarised the service and told us, " We were so impressed with the attitude of the staff, everyone we met was a credit to Mencap as they all cared for the residents as though they were their own family." Another professional said, "I can only say our visit to 60-62 Wright Street left us feeling humbled and if I ever require the level of support the scheme offers I would pray that I could live somewhere like this where the staff are truly amazing. I myself want to help in making this scheme a CQC Outstanding because it already is in reality, it just needs it endorsing by CQC because the work of the care team is amazing, well done!"