

Broadham Care Limited

Ranworth House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 4, 5 and 10 May 2016 and was unannounced. Ranworth House provides care and support for up to nine people with a learning disability and/or other complex needs. The home is a large detached house with two lounges, a sensory room, dining room, kitchen and surrounding garden. Each person had their own en-suite bedroom. There were nine people with an age range of 22 to 30 years living in the home at the time of our inspection.

There was 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.

People experienced excellent care and support. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Risks to individuals were extremely well managed and people were able to stay safe without having their freedoms restricted. Managers and staff promoted people's independence and encouraged positive risk taking. If an incident or accident did occur, they were well reported and investigated. Staff understood the importance of learning from incidents, so they could make sure they did not re-occur.

There was always enough staff on duty. Staffing levels were regularly assessed and care workers were flexible about the hours they worked. Staff turnover was very low and relatives said how important this was to their family member. Staff knew people well and understood how to meet people's complex needs. Recruitment practices were robust.

People's medicines were exceptionally well managed. Staff were very well trained and people received their medicines safely and on time. The registered manager had liaised with the pharmacist to ensure some medicines were dispensed in different ways, to make sure people got their full dose of medicines safely. Staff understood when they needed to give people medicines on an 'as and when basis', and how some people communicated non-verbally this was what they needed.

The registered manager and staff had a good understanding of the Mental Capacity Act (2015) (MCA) and gained consent from people in line with legislation. Deprivation of Liberty Safeguards (DoLs) referrals had been made to the appropriate authorities. Where best interest decisions had been made on behalf of a person, all of the relevant people were involved.

People were well supported to eat and drink enough. Food was homemade and nutritious and people were involved in making decisions about menus. People were supported with healthy eating and to maintain a healthy weight, with specialist diets when required.

The registered manager and staff ensured everyone was supported to maintain good health. They took a proactive approach to ensuring people's complex health needs were always met, and consistently ensured that when people needed specialist input from health care professionals they got it.

Staff were extremely caring and always ensured they treated people with dignity and respect. They had an excellent understanding of the care and support needs of every person living in the home. People had developed very positive relationships with staff and there was a friendly and relaxed atmosphere in the home. People were well supported to do the things that were important to them, such as going to college, playing football or voting. Staff were well supported with training, supervision and appraisal which helped them to ensure they provided effective care for people.

People and those important to them, such as their relatives or GP, were asked for feedback about the quality of the service. Any feedback received was acted on, and any concerns were dealt with quickly before the formal complaints procedure was needed. The registered manager and staff knew what they should do if anyone made a complaint.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated. People's individual preferences, needs and choices were always taken into account by the caring and compassionate staff.

The service was exceptionally well led. There was a clear set of values in place which all of the staff put into practice. The registered manager and provider regularly completed very robust quality assurance checks, to make sure the high standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

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 good in providing safe care.

People were safe because staff knew what they needed to do to keep people safe and staff were very clear about what they should do to safeguard people.

People had their independence promoted both in and out of the home and individual risk assessments and risk management plans were excellent. Staff had an exceptional understanding of how to support people to have the most amount of freedom possible while remaining safe. People were protected from the risks of an unsafe environment.

There were always enough staff to meet people's need in a flexible way. Recruitment practices were robust and all of the relevant checks were carried out before staff began work.

Medicines were managed extremely safely and people were always given their medicines as prescribed

Is the service effective?

Outstanding 

The service was outstanding in ensuring people were provided with effective care.

People experienced very effective care. Staff were very well supported with training, supervision and appraisal. They were given further training to make sure they could meet the specific needs of people with certain medical conditions.

People were asked for their consent to care in a way they could understand. The registered manager made sure they and the staff had a good understanding of the Mental Capacity Act (2005) and they always acted in people's best interests.

People were supported to have enough food and drink, and to make healthy choices. People were well supported to make their own choices about what they wanted to eat and were encouraged to be involved in cooking meals when appropriate.

The registered manager and staff took a very proactive approach to helping people maintain good health. People had experienced improved health outcomes and quality of life because the registered manager made sure people got access to the health services they needed.

Is the service caring?

The service was outstanding in providing people with caring support.

People were exceptionally well cared for by staff who treated them with kindness and compassion. Providing people with the best care possible was important for all members of staff and there was a strong person centred culture which put people first. People had developed positive relationships with staff which were built on respect and shared interests

People were helped to be involved as much as possible in making decisions about their care. Relatives and care managers were also involved in helping people make positive choices. Relatives were very positive about the standard of care their family member experienced.

People's privacy and dignity was well protected and staff were clear about what they needed to do to make sure they maintained people's confidentiality.

Outstanding 

Is the service responsive?

The service was outstanding in responding to people's needs and preferences

People experienced care that was responsive to their needs and preferences. Staff were supportive in helping people live as full a life as possible, and were flexible with the hours they worked to enable this to happen.

People's care plans were very detailed and focused on them as an individual. When people's needs changed plans were regularly updated and staff informed. Staff made sure they actively involved people in making decisions about their care.

Feedback was actively sought from people and those important to them, and concerns or areas for improvement identified were quickly acted on.

Outstanding 

Is the service well-led?

Good ●

The leadership and management of the service was good.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group, which they ensured was constantly maintained.

Leadership was visible at all levels and the registered manager and directors were well regarded by staff and relatives. People experienced a high quality service because the directors and registered manager positively encouraged staff to do so.

Ranworth House

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. We last inspected this service on 1 November 2013 and had no concerns.

This inspection took place on 4, 5 and 10 May 2016 and was unannounced. The inspection team consisted of two inspectors. Before the inspection we checked the information that we held about the service and the service provider. The provider had 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 spoke or communicated non-verbally with five people who use the service, some of who had complex needs, seven care workers, the registered manager, the care director and the nominated individual. We spoke with two relatives by telephone after the inspection visit. We also observed staff providing care and support to people.

We reviewed three people's care plans and associated risk assessments, the recruitment records for five members of staff, quality monitoring audits and other records relating to the management of the home.

Is the service safe?

Our findings

People were safe because staff were very clear about what they should do to keep people safe. Care workers and the registered manager had a detailed understanding of what they needed to do to safeguard people. They knew about the different types of abuse and were very clear about how to recognise if a person was at risk, and what they should do if they were ever in that situation. Staff clearly described what they would do, such as reporting to the manager or company directors, or the local safeguarding authority.

None of the staff had ever needed to raise a safeguarding concern with the manager but they were confident the management team would act on any concerns raised. One member of staff said; "I'd have to do it if anything happened as I owe it to the people who live here". Staff had received training in safeguarding adults and this was regularly updated. These actions made sure staff were able to protect people from the risk of discrimination and abuse.

Relatives had no concerns at all about their family member's safety at the home. When we asked a relative if they thought their family member was safe, they replied; "Oh yes, they are 100% secure. The best thing they (staff) do is making them (people) feel safe and secure". Staff told us; "it's a safe place to work".

Risks to individuals were well managed. Every person had a risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible and minimising risks to their freedom. Managers and staff all demonstrated how they helped people lead a fulfilling life, because they assessed and reduced any identified risks as much as possible. The registered manager said; "We promote people to be independent and have even moved people on to supported living"

Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, such as a fire or flood. There was also an emergency contingency plan in place to keep people safe in the event of the service having to close unexpectedly.

Staff knew what they should do to keep people safe when supporting them both in and out of the home. For example, one person had a behaviour, which may have seemed inappropriate to people who did not know them. There were detailed plans in place to help staff support the person to manage their behaviour when in, and out, of the home. This made sure the person could go out and not get into difficulties in public because of their behaviour. All of the staff knew what the guidelines were and felt confident they would be able to support the person very well if any incidents should occur.

If people's risk assessments and management plans were changed, staff were always updated with those changes, to ensure people remained safe. Staff told us the registered manager discussed with them any changes at handovers and staff meetings. Care workers then had to confirm they had read the new plans and understood what changes to the person's care delivery they needed to make. Staff said; "It really works" and "There are really good care plans and risk assessments".

People lived in a safe environment and equipment was always safe to use. Possible risks to people's safety from the environment and equipment were well managed and staff carried out regular health and safety checks. All of the relevant safety checks had been completed, including gas and electrical appliances, fire equipment and legionella. There were robust procedures in place to make sure that regular and on-going safety maintenance was completed. In some areas safety was promoted beyond legal obligations, for example, tyres on the home's mini bus were changed well before they reached the legal requirement to do so.

Incidents and accidents were well reported and documented and the registered manager conducted a thorough investigation of each incident. Trends were monitored to ensure any themes were identified and action was taken to prevent any recurrence. The registered manager and staff understood the importance of learning from incidents so they could make improvements. Staff felt confident to report any incident however minor, and knew the registered manager would deal with it appropriately. We heard one care worker reporting an incident, which had occurred while they were supporting people when they were out. They spoke with the registered manager in a confident way and it was clear the member of staff had taken the appropriate action at the time the incident happened and knew what to do afterwards.

People were also safe because there were enough staff. Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. Staffing levels were regularly assessed and were flexible enough to meet each person's care needs. Staff said people had the support of one or two care workers when in and out of the home and that there were always enough staff on duty.

Most staff had been working in the home for some time, and staff turnover was very low. Relatives described how important this was for their family member because staff knew the needs and preferences of their family member extremely well. One person had very complex needs. The registered manager had acknowledged that this placed additional demands on staff supporting this person. They ensured enough staff were available so care workers could have a regular change of duties. This ensured staff remained less stressed and tired, and the person was supported by staff who remained focussed on them.

Recruitment practices were robust. All of the relevant checks had been completed before staff began work, including Disclosure and Barring Service, previous conduct where staff had been employed in adult social care and a full employment history.

People's medicines were safely managed. All of the staff who administered medicines were well trained and had their competency to administer medicines regularly assessed. Staff who did not administer medicines directly also had a very good understanding of people's medicines and supported senior staff to administer medicines safely. All staff had a detailed knowledge of each person's medicines and how they preferred to receive them. Some people took their medicines in liquid form. Staff had made sure one person was given their medicine in the most palatable way for them, to make sure the person was able to take the complete dose at all times. This had included trial and error with different flavoured liquid medicine and administering the medicine in a variety of flavoured drinks.

Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had a detailed assessment of their needs and an appropriate plan was in place to enable staff to identify when people might need their PRN medicines. Some people were able to ask verbally for their PRN medicines. For those people who were not able to ask verbally for their PRN medicines, staff were clear about the body language or facial expressions people would have if they needed their medicine, such as pain relief.

Some people had to take their PRN medicines with them when they went out. The service had used some creative ways to ensure the medicines were stored and administered as safely as possible when people were out. Staff used a securely sealed pouch to contain the medicines, and the instructions on when and how to give them. One person's PRN medicine dose had been difficult to administer safely when they were out. Staff had identified this and discussed their concerns with the person's pharmacist. The PRN medicine was now dispensed by the pharmacist in a more suitable way to ensure it was given in the safest way possible for the person.

One person required PRN medicine when a medical emergency occasionally happened. All of the staff knew when and how to administer this medicine in time to keep the person as well as possible. Staff knew what they must do if the initial dose did not work and always made sure there were enough supplies of the emergency medicine the home.

Where appropriate, people had been supported to administer their own medicines. One person had an appropriate assessment of the risks of self-administering and had agreed with the staff to trial self-administration. However, the person found self-administering was causing them some anxiety, which was quickly identified by staff. After discussing with the person, it was agreed they would return to having their medicines administered by a member of staff.

Medicines administration records (MAR) were extremely accurate and showed people always received their medicines as prescribed. There was a safe procedure for ordering, storing, handling and disposing of medicines. Medicines safety was audited on a weekly basis and any rare errors were quickly corrected.

Is the service effective?

Our findings

People received effective care because staff were well supported with induction, training, supervision and appraisal. Staff were highly motivated and talked in an enthusiastic way about their training and supervision. A member of staff explained they had been in post for a year and their induction had been comprehensive. They had been given the opportunity to meet people who use the service, shadow other members of staff and complete essential training before they started working unsupervised. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, and food hygiene. Training was provided by the local authority and via e learning. All of the staff were expected and supported to complete a national qualification in care.

Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with epilepsy, autism and/or behaviour that may challenge people and others. A care worker told us the best thing about the epilepsy training was it was so relevant. One person had needed their emergency medicine administered following a seizure, and the care worker said they felt confident to do this. They also knew how to care for the person effectively during and after a seizure. Another member of staff told us about training for supporting people with autism. They said what they learnt most about people living with autism was; "everyone is different and I didn't know that before I came here," and "that had been really useful".

It was clear the training had been effective and staff were able to discuss in detail individual's care and behavioural needs and how to manage them properly. We observed staff putting this knowledge into practice while we were in the home. Staff were exceptionally good at understanding people's needs. People's behavioural triggers were well identified and we saw action was taken to prevent any escalation in anxiety. People and staff were relaxed with each other, and staff were very natural and comfortable when they were caring for people. People trusted the staff to support them and we could see people were happy and smiling.

Staff benefited from regular supervision and appraisal. Staff said they felt well supported with supervision and were comfortable to discuss any concerns or ideas they might have. It is important to provide staff with regular opportunities for reflective supervision and appraisal of their work. It enables staff to ensure they provide effective care to people who use the service.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. One care worker said; "we're all here for clients and their best interests". All of the appropriate DoLs referrals had been made to the relevant authorities.

Where significant decisions had been made on behalf of a person, for example, a certain medical treatment, these were clearly documented. All of the relevant people had been involved in the decision making process, including the health care professional responsible for the medical intervention, people's families and staff from the home who knew the person well. The person's capacity to consent had been considered and the decision to go ahead with treatment was made in the person's best interest.

People were always asked for their consent by staff. We heard staff using phrases like "is that what you'd like to do?", "how about..." and "would you like to". Staff then gave people the time they needed to make a decision. Staff knew people extremely well and understood people's ways of communication. Staff knew when people were giving their consent or not, either verbally or by the body language and gestures they were using. For example, one person could express their consent by following staff or taking their hand, or making certain verbal noises. All of the staff understood what these body languages and vocalisations meant.

People were well supported to eat and drink enough and maintain a balanced diet. People chose what food they wanted on a four week rolling menu. Healthy choices were encouraged and people were supported to make their choices either verbally or by using pictures or photographs where appropriate. People were supported to make shopping lists using a computer programme which changed words typed on a key board into pictures. This made sure people were able to make it clear what their preferences for meal and menu shopping were.

One person was very keen to tell us the meal that evening was their choice and they were really looking forward to it. Mealtimes were person centred and flexible and were eaten together or separately depending on each person's preference. Staff knew about each person's dietary needs including special diets. Cold drinks were always available, including water and fruit squashes. People had free access to the kitchen and could make tea or coffee when they wanted to. People were supported with food preparation and staff helped them to be as independent in the kitchen as they wanted or were able to be.

People who had special dietary requirements due to a health condition were well supported. One relative said their family member was helped to choose and prepare; "very good meals. (My family member) has a special diet and they made real efforts to make sure it was adhered to". Another person was at risk of weight loss. There was a plan in place to manage their food intake, and their weight was regularly monitored. The person had kept a steady weight, as the plan had been effective.

The registered manager took a proactive approach to helping people maintain good health. They had encouraged people's GPs to use the Cardiff Health Check. This is an assessment tool specifically designed for people with a learning disability and is completed with the person on an annual basis. These regular checks screen for health issues particular to people with learning disabilities and specific conditions. They also help to identify and treat medical conditions early and promote positive relationships with the GP and practice nurses.

The registered manager identified when people required more specialist health care than they were getting and worked hard to make sure proper referrals were made. A relative told us how the health of their family member had improved significantly because of the intervention of the registered manager and staff. The relative said "They were really instrumental in supporting (my family member) to move things forward with their health". The registered manager was persistent in getting all the relevant health care professionals involved in making a diagnosis for the person and getting the right treatment for them. The relative told us their family member's confidence had improved a lot and they were very happy with the outcome. Another person was supported to access a specialist neurology service and this had helped manage the person's medical condition more effectively, and reduce the symptoms they had been experiencing frequently.

Staff understood some people had complex health needs and knew what they needed to do to make sure every person experienced good healthcare, so every individual enjoyed an excellent quality of life. The service helped people to develop and maintain strong links with healthcare professionals such as the community learning disability nurse, occupational therapy (OT) and speech and language therapy (SALT). For example, staff were finding it difficult to communicate with one person. The registered manager described it as "difficult to tap into (their) mind set". They made a referral and the person was assessed at a 'sensory clinic'. The clinic suggested various activities staff could try with the person to help them improve their communication with the person. The activity chosen was the use of 'sensory snacks'. These are foods which have a very strong flavour, such as salt and vinegar or pineapple. The person always had the sensory snacks on a coloured plate and was now able to show staff the plate to let staff know when they wanted their snacks. The plate had become an 'object of reference' for the person. The person was then supported to use other objects of reference, such as a bath toy or wallet, to help staff understand what it was they wanted to do. This had enabled the person to become less anxious and significantly reduce incidents of behaviours that might challenge the person and others.

The deputy manager had completed additional training so they could be people's 'positive behaviour champion'. The training enabled the deputy manager to develop behavioural support plans and management strategies for people. These plans helped staff to provide the most effective care for people. The plans were very person centred and helped people to improve their personal skills and quality of life. Having a good positive behaviour support plan in place is important as it stops the need for incidents to be managed with physical intervention. This is essential for people who may have trouble in communicating or managing their emotions and use behaviour as a way to express themselves.

Is the service caring?

Our findings

People experienced a high level of care and support that promoted their wellbeing and encouraged them to enjoy a fulfilled life. Relatives we spoke with had nothing but positive feedback about the caring approach of all the staff. One relative commented; "" (My family member) is very happy there" and when discussing staff: "they are just really nice people, they really are". Another relative described to us how the caring approach of staff had led to real and significant improvement in their family member's behaviour. They said; "I can hear it and see it, that they (staff) really care about them, the genuineness comes through". "I know (my family member) is settled now. When they come home, they can't wait to get back. They're (staff) like extended family, and we are so reassured by that".

There was a welcoming and friendly atmosphere in the home and people were happy and relaxed. It was very busy but not stressful and there was a positive energy in the home. Without exception, people were treated with kindness and compassion by all members of staff. People's needs were understood in detail by staff and they were met in a caring way. Staff listened to people and spoke to them in an appropriate way that they could understand. Staff showed a genuine concern for people's wellbeing and made sure the care and support they provided met people's needs. It was clear that people had developed positive relationships with staff.

People were supported to do activities outside of what would be regarded as normal working hours for staff, such as going to the cinema or for a meal in the evening. Staff were very flexible and happy to alter their working hours so people could enjoy activities at any time while remaining safe. The registered manager and nominated individual explained how they were happy to meet the costs of additional staff when they were required, and rewarded staff when they went beyond their normal work requirements.

Staff spoke about the people they supported in a very kind and caring way. They were enthusiastic and motivated when discussing the support they provided to people. It was clear that staff wanted to help people achieve the best quality of life possible. When talking about people who use the service one member of staff said, "They're all brilliant. We are making a difference in their lives and we try our best to help them do what they want to do. We really go the extra mile". Another care worker said "They live how they want to live" and "we are making a difference in their lives and we try our best to help them with what they want".

People knew the staff very well and were relaxed in their company. Staff had a detailed understanding of each person's preferences, and made sure they helped people make the choices they wanted to. Staff talked about care being person centred and individual, and we really saw this being put into practice. Providing people with the best care they could was at the centre of every staff member's practice. One care worker told us how they had seen a person's confidence and quality of life greatly improve since they had been living at the home. They said; "seeing things like that, that's lovely".

One person wanted to use a games console to sing karaoke and dance, but was unable to turn the console on. Staff immediately noticed and came and helped the person to change the batteries and reset the machine. Other people noticed what was happening, and came into the room to join the staff and help. Everyone joined in together in a natural and caring way until the console was ready to use. The person was

then able to choose their favourite songs and dance programmes. Staff and people stayed to listen to the person singing, and it was clear that everyone enjoyed the music. When the person began dancing their verbalisations, facial expressions, and body language obviously demonstrated they were really enjoying themselves. The staff's caring approach had enabled the person to do something that was clearly important to them.

Staff members talked about how their likes and hobbies were matched with people's like and hobbies, where possible. Shared interests promoted people's enjoyment and interest in particular hobbies and activities. One person liked to support a football team. Their key worker told us; "We both support man united, we have grown a real bond. We're like brothers" and "I'm here for all of them". A keyworker is someone who works on a one to one basis with a specific person. They coordinate and organise the service to meet the needs to the specific person. Another key worker told us about a person's enjoyment of particular cartoon characters. The care worker had considered whether this was age appropriate for the person but said, "(name) loves it and I love it too. We've got a lot in common". Staff really identified with people and it really felt like they were partners and not care worker and client.

People's personal histories were well known and understood by staff. Care workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed several occasions where care workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated.

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given. A relative said; "everyone has a choice and they are supported in their choices." The registered manager said; "people are involved in all the decisions around the house" and "people are very much in charge of their own home".

People's privacy and dignity was well promoted by staff. Staff understood the importance of helping people to be well groomed and dressed appropriately, and respecting people's choices about clothes and haircuts. For example, one person who needed one to one support to keep them safe during the day also liked to have quiet, private time in their room. Staff facilitated this by supporting the person to their room and then sitting outside, while watching the person in a discreet way, to make sure they remained safe. This ensured their privacy was protected. Staff were careful not to discuss people's needs where they could be overheard and made sure they protected people's confidentiality.

Is the service responsive?

Our findings

People were very well supported to maintain relationships that were important to them. Staff and the provider's care manager regularly took people to visit their families at the weekends, sometimes travelling a significant distance in their own car. Relatives were always welcome to visit at any time, and staff organised regular get togethers for people and their friends and families. On Sundays there were often activities such as arts and crafts or a summer bbq. One relative told us how the home had supported them to organise a disco for their family member. Everyone was invited and people could decide if they went or not. Everyone that accepted the invitation really enjoyed themselves. Staff also organised parties for people on their birthday if they wanted to.

People were encouraged to use technology to keep in touch. Most people had a 'tablet' or access to a laptop, and some were helped to use 'video chat' to keep in regular contact with their families. Other people who did not like to use a tablet made regular phone calls or wrote letters whenever they wanted to. One person wrote a weekly letter home to their parents. The parent said their family member's handwriting had improved with the regular letter writing, and social contact was maintained. Staff made sure people were protected from social isolation and recognised the importance of social contact.

People were given excellent support by staff to use their tablets or laptop for other leisure and educational activities. People used specialist 'apps' either one to one with staff or on their own. Apps people used included a vocabulary teaching aid, and for practicing reading and handwriting. Other people used their computers and tablets to enjoy films or cartoons of their choosing, and to access the internet.

Regular newsletters were produced for people who use the service and their families, which gave details of activities, forthcoming events and 'Ranworth news'. People also made scrap books with photographs and writing about where they had been and what activities they had enjoyed, to show their relatives when they visited them at home. This helped families to feel involved in their family member's life.

Every person had a hospital passport. People take this document with them if they ever need to go into hospital. It gives important information to hospital staff about the person, including their health needs, how to support the person best with medical interventions such as taking blood and any medicines they may be taking. One person had recently been in hospital. They were unable to express their emotions verbally, but their body language very clearly demonstrated how they were feeling, whether content or distressed. The positive behaviour champion had completed a Disability Distress Assessment Tool (DisDAT) on behalf of the person. DisDAT is a tool that is intended to help identify distress cues for people who have limited verbal communication and can't voice how they are feeling. The person took this additional information with them when they went to hospital, so staff there would have additional information to help them support the person to reduce their anxiety as much as possible.

Staff in the home also used the DisDAT to help them quickly and easily identify the person's content and distress cues, and take prompt action if it were needed. The positive behaviour champion had used the DisDAT tool to understand what the person's behaviours meant and then developed a detailed plan to help

staff manage and reduce the person's distress. Finding solutions in this way helped to maintain the person's wellbeing. Staff also had a thorough understanding of other people's behaviours. It was important for staff to do this, as certain behaviour can indicate a specific underlying need a person had. This understanding helped to ensure people's independence, safety and dignity was maintained.

People were supported to make their own choices. On the day of our visit, the local police and crime commissioners were being elected. Everyone at the home had been supported to register to vote in all elections, and those that wanted to went to the local polling station to do so. People were free to choose if they voted and who they voted for. One person was using a computer to look at the candidates they wanted to vote for. They also had paper copies of leaflets and were clear about who they wanted to vote for and why. They said they always voted and went across the road with staff to the polling station. Staff understood it was clearly important for the person to be involved in the election. Another person had made their views clear to staff that they did not want to vote as they didn't see the point, and this was respected.

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery was fundamental to the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. Before people moved into Ranworth House, the care director visited them at home or their current placement. People's needs were then assessed in detail and they or their relatives were encouraged to visit the home. If the provider felt they could not meet the needs of the person fully, a place would not be offered. The registered manager said that if there was ever a vacancy, they were never pressured by the provider to fill it. It was important to all of the managers the right person moved into the home, for the individual and the other people already living at Ranworth House. The registered manager said "I have no pressure to fill places" and that matching new people to the ones already living at the home was the most important.

People who used the service had a detailed annual review of all of their care needs and care plans were amended if necessary. People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted be. People were helped to use objects of reference so they could assist staff to understand what their choices were if they were unable to say what they wanted. Family members and staff from the local authority also contributed to assessment and plans where appropriate. People's care needs were also regularly reviewed throughout the year and updates to care plans and risk assessments were always made when they were needed.

People's care plans focused on their whole life and reflected their individual preferences and interests. The plans helped staff to be responsive and flexible to people's needs, and make sure they could help people live as full a life as possible. Daily routines were person centered and not task focused. We saw one person putting a delivery away. Although this task was essential, the person was encouraged by staff in a kind and caring way to make sure they focused on using their verbal communication skills and not just directing the person to complete the task. Staff demonstrated outstanding skill in providing person centred care for each individual. They had an excellent understanding of people's values and beliefs, and understood how this may affect the decisions people made about their care, the activities they wanted to take part in, and the social relationships they wanted to maintain.

People had the choice to join in many activities, and not just those related to their learning disability. People's involvement in their individual interests, activities and education were well promoted by staff and everyone got involved in stimulating and enjoyable pursuits. Activities were very varied and people enjoyed things like swimming, playing in a football team and attending college. Arrangements for activities were always flexible and staff regularly worked outside of their normal hours to make sure people could regularly

go out in the evenings. Return times were not limited, and people enjoyed going to the cinema or out for a meal. One person we spoke with was researching a new film on the internet and told us how much they were looking forward to going to see it. An annual gardening competition was organised between all of the provider's homes called 'Broadham in Bloom'. People were supported with garden activities, and Ranworth House won the last competition.

The provider had a complaints procedure in place, which staff were aware of and knew how to use. The registered manager knew what they should do to support a person who uses the service to make a complaint and how to manage a complaint properly. The service had received a concern but this had been resolved before the formal complaints process was needed. The staff team worked very closely with people and their families and any comments and minor issues were dealt with before they became a formal complaint. Relatives said they had no complaints about Ranworth House and they were very confident any concerns they may need to raise would be quickly dealt with and to their satisfaction. One relative said; "I have never had any issues", and another that the registered manager was; "lovely, so approachable and very helpful."

Is the service well-led?

Our findings

The service was well led. The registered manager ensured there was a person centred, open and caring culture in the home. They provided excellent support to staff through training and good supervision, as well as ensuring staff felt comfortable and able to raise any concerns they may have. Staff said they were able to openly challenge areas of practice which could be improved, and all of their colleagues would be happy with this. One care worker said; "Staff are really honest", and another that the "really open staff team was great as they are open to challenge" and; "We all feel like we're in it together". Challenging poor practice was actively encouraged and staff could use an anonymous whistle blowing telephone number to raise any concerns about poor practice if they ever needed to. The registered manager and staff reflected on their practice to ensure they maintained the high standards of care they had already achieved in the home.

The service had a clear vision and set of values, which all levels of staff understood and put into practice every day. People and the quality of care they received were the focus of the values. Staff were able to talk confidently about the 'Broadham Care Client Charter' called 'The Credo', which had been introduced by the provider. Every member of staff was provided with a pocket size card which had the values written on, so they could regularly refer to it. Values included 'we pledge to provide our clients with the best opportunities whatever their ability' and 'we support our clients in making choices about their care and their lives'. We saw these values consistently and skilfully demonstrated by all of the staff, including the registered manager and senior managers who were visiting the home.

The registered manager was very aware of the culture of the home and the attitudes and values of staff. They clearly understood what they needed to do to ensure the high levels of compassion and dignity already achieved were maintained. The registered manager had an excellent understanding of their role and responsibilities and ensured that they supported staff to understand what was expected of them. One member of staff described the registered manager as "brilliant, really good. She's really approachable and easy to talk to." Staff said the registered manager was always fair and gave a good explanation if they did not agree with staff about a particular issue.

Feedback about the registered manager was extremely positive from both relatives and staff. One relative said; "she is very good at helping (my family member) as she has a calm demeanour" and; "I have every faith in the way it's run and the company, it's kept to a very good standard all the time". Another relative said; "I've got a really good relationship with all the staff and the registered manager". When talking about the quality of the care and support their family member experienced they said; "I want to rate them as outstanding. I know that's difficult but from my experience it is outstanding."

The registered manager met with other managers from the providers other homes to share good practice and provide support to each other. They also received regular newsletters from the National Autistic Society and consulted websites such as the Social Care Institute for Excellence to keep up to date with the latest good practice developments. The directors had recently attended a care show to find out about innovations in caring for people with a learning disability. Following this, they had arranged for a trainer to visit the next managers meeting to train them in another way of supporting people in a person centred way to lead a

socially valued lifestyle.

Leadership was visible at all levels and the registered manager said the provider was supportive and very approachable. The directors of the company were familiar faces as they visited people in the home frequently. They were also very involved in quality monitoring and had an extremely good overview of the key achievements and challenges at the home. The nominated individual and care director were clearly very passionate about providing the best care they could and they described wanting to make sure that people had the best quality of life possible.

People experienced a high quality service because staff were inspired by the registered manager and senior management team to do so. Staff frequently mentioned how everyone worked as a team to achieve positive outcomes for people, and that levels of motivation were very high. Several staff said they had worked in other care homes and this was the best one they had ever worked in. All of the staff we spoke with were very enthusiastic about the role in supporting people to lead an active and fulfilling life.

There was a robust quality monitoring system in place which included monthly manager's audits, daily walk rounds by the registered manager and various daily and weekly health and safety checks. Staff were involved in quality monitoring which encouraged everyone working in the home to take ownership of making sure the high quality standards were maintained. The registered manager said; "We are constantly checking for quality" and "we make sure nothing slips through the net". The provider's compliance and operations director also carried out a detailed audit twice a year to ensure the high standards already achieved by the registered manager and staff were maintained.

Feedback was actively sought from people who use the service, their relatives, staff and external healthcare professionals, and was highly valued. A quality survey was sent out in February 2016. There was a good response rate and the feedback was all positive. All of the relatives who responded said they would recommend the home and a GP commented; "I feel staff are excellent in their knowledge and support of patients".

The nominated individual and care director had a very strong ethos when recruiting new staff. They had high expectations for new staff and insisted senior care workers had at least an NVQ level 3 at least. They said sometimes it was difficult to recruit good quality staff who had the right ethos, and "when you do get good staff it's important to keep them". The provider and registered manager clearly valued staff and rewarded them when they did "that little bit extra" by giving gift vouchers, as well as taking the time to write a personal letter of thanks. One member of staff said managers treated them well and they had received vouchers in the past as a thank you which they had much appreciated. "I feel like an individual not just a staff number".

Records were robust. They were up to date, accurate and kept securely. All of the registration requirements were met and the registered manager ensured that notifications were sent to CQC when required. Notifications are events that the provider is required by law to inform us of.