

# Consensus (2013) Limited

# Cheshire House

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Cheshire house is a care home providing nursing care for up to eight people with a mental health need and / or a learning disability. Each person has their own self-contained flat and there was a small communal lounge and garden. People received one to one support depending on their assessed need and they shared the support of two waking night staff. At the time of our inspection there were seven people living at the home. The service supported people with complex care needs and associated behavioural issues.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. It is slightly larger than current best practice guidance. However, people have their own individual flats and dedicated 1:1 staff support. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service had improved their rating at the last inspection in 2017 to Outstanding. People and professionals were extremely positive about the service. Improvements in people's quality of life were evident throughout the inspection.

There was an open and welcoming atmosphere at Cheshire House. People and staff were keen to explain and share their experiences about the service.

Staff were exceptionally kind and caring. They knew people, their needs and how to support them very well, which contributed to the reduction in incidents at the service. People were actively encouraged to share their views and thoughts about their care, support and the goals they wanted to achieve. Various methods of communication were used to support them to voice their opinions.

People were supported and actively encouraged to increase their independence whilst being aware of their own responsibilities in achieving their goals and being safe in the wider community. Positive risk taking was promoted in a supportive and managed way to enable people to move towards their goals in a step by step manner.

People were supported to plan their own weekly activities. A wide range of different activities were in place, including supporting people to access short holidays for the first time in many years and to be involved in local community groups. This promoted people's confidence, wellbeing and independence.

The provider had adapted parts of the home to meet people's needs. One person had moved to a ground floor flat with their own entrance in order to reduce their anxieties around meeting other people living at the

home. This had greatly reduced the number of incidents involving this person.

The management team had developed an ethos within the staff team of involving people in their care and supporting them to achieve their goals. They had a clear oversight of the service and had developed the staff team to be part of the quality monitoring and care planning through keyworkers, champion roles and workshops to discuss and agree people's support.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 1 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

# Cheshire House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Cheshire House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. Feedback was positive about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, learning disability nurse, team leader, care workers and the provider's a positive behavioural support specialist.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives and contacted two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- The service had a comprehensive risk management system in place. Guidance was provided for staff to manage and minimise the identified risks. Risks were regularly reviewed to ensure they were current.
- Positive behaviour support plans were in place where people may display behaviour that challenged the service. The provider employed a positive behaviour specialist, which meant the service was able to access training and support for developing positive behaviour support strategies for the people living at the home.
- Staff we spoke with had all received training in physical intervention and knew where to use physical intervention and when not to. However, one positive behaviour support plan did not specify the physical intervention techniques to be used by staff if they were needed. This was immediately added to the positive behaviour support plan.
- People were supported to take managed positive risks to increase their independence and achieve their personal goals. A system of careful planning, monitoring and reflection and then review was used to manage new activities. For example, one person was now traveling on their own on public transport, and another was starting to go to the local shops on their own.
- People and relatives thought they were safe living at Cheshire House. One relative said, "Is [name] safe; - oh yes I think so. I've no worries about that."

### Learning lessons when things go wrong

- A clear incident management system was in place. All incidents were recorded and reviewed by the management team and positive behaviour support specialist.
- We saw that the number of incidents and their severity had greatly reduced at the service after changes had been made to the environment and how staff supported people.
- For more serious incidents a full staff debrief was held, looking at the possible triggers for the incident, how the staff supported the person and if any changes could be made to reduce the likelihood of a re-occurrence or to reduce the intensity of any future incidents.
- The management team analysed trends of incidents, including the time incident occurred, the location, the triggers and the duration of the incident.

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

- Robust procedures were in place for the reporting and recording of any safeguarding concerns. Safeguarding was discussed in team meetings to ensure all staff were aware of the safeguarding procedures.
- All concerns were investigated, and any actions identified were implemented.

### Staffing and recruitment

- A robust staff recruitment system was in place, which was managed by the provider's central human resources department. All pre-employment checks were completed before a member of staff was able to start working.
- A person living at Cheshire House was invited to be part of the interview panel for new staff and asked the candidate questions that were important to them.
- Staffing was in place to meet people's assessed needs. Most people living at Cheshire House had 1:1 staff support during the day.

#### Using medicines safely

- People received their medicines as prescribed.
- A clear medicines administration policy was in place where two staff administered medicines; the nurse on duty and the 1:1 staff working with each individual. This ensured that medicines were carefully checked prior to administration. Medicines errors had reduced since this system had been adopted.
- Medicines were regularly reviewed with the psychiatrists or GP. The learning disability nurse had responsibility to ensure reviews took place and people were not prescribed too many medicines. For example, one person had had a gradual reduction in an anti-psychotic medicine, with ongoing monitoring of their anxiety levels to ensure the correct dosage was achieved.
- Guidelines were in place for when medicines that were not routinely administered should be given. This included guidance on the signs people were becoming anxious and distraction techniques to be used to try to reduce their anxiety before medicines were administered.
- Weekly and monthly medicines audits were completed. Any issues were identified and acted upon.

#### Preventing and controlling infection

- The home was visibly clean. Staff supported people to maintain the cleanliness of their flats.
- Personal protective equipment (PPE) was available for use when needed.



# Is the service effective?

## Our findings

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

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

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

- People were exceptionally well supported when moving between services. A comprehensive assessment was made of people's needs, including the person, their family where applicable and all relevant professionals. Careful consideration was made as to whether Cheshire House could meet people's identified needs.
- We saw the transition plan for one person who had moved from Cheshire House into a more independent supported living setting with the same provider. This included visiting their new flat before moving and getting to know the area they would be living in. Staff from the new placement worked alongside Cheshire House staff to get to know the person and their support needs before they moved.

Staff support: induction, training, skills and experience

- All the staff we spoke with felt well supported and they could approach the management team at any time if they needed to. Staff had regular supervision meetings and an annual appraisal. We were told these were positive meetings and enabled staff to raise ideas, discuss people's support and their own personal development.
- Staff also said they received the training to carry out their role, including training that was tailored and specific to the people they supported. A team leader had responsibility for organising staff training and the home had a very high compliance with all the training considered mandatory by the provider and the person specific training required to support the people living at Cheshire House.
- The positive behaviour specialist and the provider's psychiatrist led practical training sessions with staff so consistent approaches to people's support could be agreed, which contributed to the reduction in people's anxieties.
- Members of staff were encouraged to develop their skills through enrolling on nationally recognised health and social care qualifications. A number of bank team leaders and champions had been identified, with additional training being provided so they could complete these roles.

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

- Staff supported people to plan their meals each week. Staff prompted people to have a range of meals and healthier options where possible.
- Communal Sunday lunches had been started for those people who wanted to share a meal together. Staff supported each person to make part of the meal in their own flat and brought it to the communal meal.
- Agreements had been made with some people to manage their consumption of fizzy drinks and snacks. One person told us "I have two cans of coke a day. I would just keep drinking it if it was in my flat; I know this now, so we've agreed it's kept out there (in a locked cupboard just outside the flat)." They knew where their

drinks and snacks were kept so knew they were available each day for them to have, which enabled them to manage their anxieties around these items.

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

- People had personalised their individual flats, with posters and pictures that were important to them.
- One person had moved within the home to a ground floor flat. The home had recognised that having to go through the communal areas of the home increased their anxieties. The flat had been re-designed with this person's specific needs in mind, including a walk-in bath and an external door so they did not need to go through the rest of the home when they went out and returned home. The number of incidents involving this person had dramatically reduced since they had moved to this ground floor flat.

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

- People continued to have access to healthcare support as needed. Health action plans were used to ensure people's health needs were met.
- Where people would become anxious waiting for an appointment, the home had arranged for home visits to be made by the medical professionals, for example the GP.
- Staff knew people well and could identify any changes in their mental health. The home worked closely with the community learning disability team and the mental health team to support and maintain people's mental health. One person said, "I'm better now in this flat. It means I won't have to go back to hospital; I'm feeling happier now."
- Regular multi-disciplinary team meetings were held to review and agree people's care and support. Referrals were made appropriately to external agencies, for example speech and language team (SALT), when required.

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

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

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

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

- People's capacity to make decisions was assessed and where required, meetings were held with them, their relatives and health and social care professionals to ensure decisions made on people's behalf were in their best interests.
- At the time of our inspection six people had restrictions in place, which were deemed to be in their best interests and the least restrictive.
- One person had the capacity to make their own decisions and choices and was able to come and go as they wished. The service had an effective system in place to ensure that when the person went out it was managed as safely as possible.

# Is the service caring?

## Our findings

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

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

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

- People spoke openly and positively about how the staff supported them and were clearly very comfortable interacting and chatting with the care staff and management team. One person said, "The staff are polite, compliment me, help me and encourage me."
- Staff spoke with great fondness and had a real empathy for the people they supported and were committed to ensuring people were supported to work towards their goals, improve the quality of their lives and have the least restrictive support possible. Following a recent short holiday, a member of staff said, "It was amazing to see [name] as a different person away from their set routine." Another member of staff told us, "It's a privilege to work with [name]."
- Staff knew people and their support needs extremely well. For example, one member of staff said, "The best time talk [name] is when we're out walking as you don't need eye contact; which makes him more comfortable." A relative told us, "The staff treat [name] with respect. They know her; there's not too big a turnover of staff, they have regular staff there."
- The provider had a detailed understanding of people's diverse personal histories. Each member of staff had completed a profile of themselves detailing their skills, hobbies and personality. This enabled staff to be matched, as far as possible, with the people they were supporting so they had similar interests. A social worker told us, "They have tried to match [name] with staff of a similar age and who like the same things." This meant the staff were enthusiastic about the activities people were engaged in and so could encourage and support the person in those activities. A team leader said, "We skill match staff with the service users so they work with people they get on with."
- People's cultural needs were assessed during the pre-admission assessment and people were supported to maintain their cultural identity when required.
- The service built strong relationships with people's families, who were involved in the multi-disciplinary meetings to agree people's care and support plans. One relative said, "They (the staff team) keep in touch with me and there are review meetings. The staff know [name] and treat her with a lot of respect."

Respecting and promoting people's privacy, dignity and independence

- Absolute respect for people's privacy, dignity and independence were central to the ethos of Cheshire House. When people made decisions about personal goals they wanted to complete, staff gave them exceptional support. The person's goal was broken down into each new skill they needed to learn and practice. This empowering approach was key to helping people improve their independence. One staff member told us, "We support people to help them move on and improve their own skills. For example, [Name] needs to trust in the staff and now realises he can use the oven; we had to build up slowly from

turning the oven on and now he will put the tray into and out of the oven."

- This resulted in excellent outcomes for people. For example, one person had started to keep their laptop in their flat overnight and were responsible for keeping it safe and not using it throughout the night. Previously they stayed up throughout the night on their laptop, resulting in missing activities and increased incidents the following day. This had been successful, resulting in an increase in the days they had the laptop in their flat overnight. The provider's approach had successfully enabled the person to live with fewer restrictions
- Agreements were in place with people, so they knew what their responsibilities were, what they needed to do and how the staff team would support them to work towards their goals.
- Another person had started to travel to the local shops independently following a period of shadowing by the staff team. The person and staff completed a reflective account after each trip to look at what went well and where support was still required to safely travel to the shops and buy the items needed.

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

- Respecting and acting on people's views was at the heart of the service. Involving people in shaping their support and goals was evident throughout the service. People were supported and empowered to give their views on their support and what they wanted to achieve. Staff made excellent use of verbal, non-verbal and technology-based communication techniques to enable people to express themselves.
- Monthly keyworker meetings enabled people to identify what was working well for them and what was not. Where issues were identified changes were made where possible to people's care and support plans.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Since Cheshire House became involved in people's lives, they had improved and changed dramatically compared to previous services they had received. The staff and management actively encouraged and supported people to plan for major changes in their lives. For example, one person had been successfully supported to move on from Cheshire House to a more independent flat, after spending many years in a long stay hospital setting prior to Cheshire House. A member of staff told us, "Everything developed for [name] after he moved to Cheshire House; cooking, going out on his own, having a job at a local charity shop and interacting with people. It was about how staff worked with [name] and involved him, not telling him what to do, which meant he was able to move on."
- Staff were wholly committed to providing excellent person-centred care. Care and support plans were highly personalised and tailored to meet each person's individual needs. The service had access to specialist psychiatric and positive behavioural support through the provider, Consensus. This enabled a detailed assessment of people's needs and individual specific care and support plans to be developed to meet people's complex needs. The specialists coached and trained the staff team on how to meet these identified needs. For example, one person responded well to having agreements in place detailing the support staff would provide and what their responsibilities were when undertaking an activity.
- Staff were fully involved in reviewing and discussing people's individual support and how they supported people to reduce any triggers that may lead to people becoming anxious. Regular workshops were held, involving the provider's psychiatrist and positive behavioural support specialist to develop people's planned support and to share approaches that they had found worked or did not work across the whole staff team.
- People had discussed and agreed highly meaningful goals they wanted to achieve. Some of these were short term goals for example, one person wanted to have a birthday party and invite their family. Other goals were long term ones, for example travelling on their own in the local area. These were broken down into smaller, achievable goals which built people's confidence and independence to then move on to the next step in their journey to achieve their overall goal.
- Regular multi-disciplinary meetings were held with people's family and professionals to review people's needs and support. Professionals were extremely positive about the support provided by Cheshire House. They told us they were kept fully informed of any changes at the service and the service worked exceptionally well with them to agree people's support plans and work towards achieving their goals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff worked extremely closely with people to find highly personalised activities, which they thoroughly

enjoyed. The activities impacted very positively on their wellbeing and were constantly reviewed with people, so they were extremely responsive to people's changing needs, interests and wishes.

- People were actively encouraged to say what they enjoyed and if they wanted to change any of their activities. One person found this difficult, so a talking map communication aid was used to enable them to express their opinions on the different activities they took part in. This resulted in changes to their weekly timetable being implemented, which impacted very positively on their mood and wellbeing.
- Staff worked particularly closely with people to increase their independence for the activities they participated in. People were exceptionally well supported to take positive risks in a planned and monitored environment. For example, following a programme of shadowing and review, one person was now travelling to meet their family on their own each week. One person said, "I've started to go out on my own, with the staff being close by. I'm building up so I can go out by myself when I'm confident to do it." A social worker told us, "There is now a positive risk strategy in place; with supervised access to the internet and phones in order to build [name's] skills to, at some point, enable them to become more independent."
- 'Newsletters' with pictures and a write up of what people had done were produced after a trip or holiday. Photographs were printed out and people could put them on their flat walls if they wanted to. This enabled people to remember and celebrate what they had done and provided a topic of conversation with care staff.
- A team leader had completed training in active support and was due to share this knowledge with the staff team. The goal of active support is to ensure people have ongoing, daily support to be engaged in a variety of life activities and opportunities of their choice.
- For example, one person had told a member of staff that they liked stars. The member of staff immediately acted on this and found a local astronomy club, which the person had started to attend the same week. This showed a highly personalised response to the person's comment about what they liked. A relative said, "I'm really happy at moment, [name's] on a prolonged settled period and has constructive activities to do each day."

#### Meeting people's communication needs

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

- Individualised and personal social stories were used to excellent effect to assist people to understand and be involved in agreeing their care and support. For example, a social story was written to explain a person's upcoming trip out which reduced their anxieties about going on the trip.
- Easy read 'agreements' were written with people, so they knew the support they would have and what their responsibilities were. The agreements ensured a consistent staff approach and supported the person to achieve their goals.
- The service actively advocated on people's behalf to have important information in a format they were able to understand. For example, an easy read tenancy agreement was requested so the staff could support one person to understand the agreement before they moved from Cheshire House into their own flat.
- Alternative ways of communicating were promoted to ensure people were able to say what they wanted and what they did not enjoy. For example, one person had a large visual week planner and was encouraged to choose activity pictures to indicate what they would like to do each day.
- One person explained, "I don't get as angry now. Most of the time I can sit down and talk about it (with staff), which tends to sort things out" and a relative said, "The relationships [name] has developed with the staff have had a big influence; he is much more settled now and his behaviours improved." This showed the person was very comfortable with the members of staff and was able to communicate effectively with the staff team to reduce their anxieties and frustrations.

#### Improving care quality in response to complaints or concerns

- People and relatives said they were able to raise any concerns directly with the staff or management team.
- Cheshire House had a complaints procedure in place, which was also available in an easy read format.
- The registered manager had introduced a suggestions or concerns box as an informal way for people, staff or relatives to raise any ideas or issues they wouldn't raise as a formal complaint. This gave them another way to communicate issues if they didn't want to raise them directly with a manager or in a team meeting.

#### End of life care and support

- At the time of our inspection no one was receiving end of life support. Cheshire House supported younger adults and had not supported anyone at the end of their life since opening in 2015.
- The learning disability nurse was developing a piece of work to discuss people's advanced wishes with people and their families. This would include the families wishes with regard to their son or daughter's future care and support after their own death.

# Is the service well-led?

## Our findings

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

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

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

- People's wishes, diverse needs and aspirations were at the heart of the culture of Cheshire House. Management and staff were exceptionally committed to supporting people to maximise choice and control of their lives through constructive engagement and inclusion across the service and were consistent in respecting and delivering on what people had to say.
- The whole team had a clear ethos of empowering people to be involved in the shaping of the service, their support and in agreeing the things they wanted to do and to identify goals with people, both short and long term. This ethos was evident throughout the service and evidenced through the many positive outcomes we saw, for example, people's increased independence and autonomy within the local community. Easy read agreements were used to remind people about what had been agreed. The registered manager told us, "It is about being responsible in the community not just about independence." One person said, "I work with the staff now; before I was working against them. I've learnt from my mistakes with the staffs help."
- Staff embraced and were committed to the services vision and values and as a result people's achievements were celebrated by the whole team. The home developed highly personalised step by step plans to support people to gain new skills, independence, responsibility and to achieve their goals. For example, one person had been supported to go on a short holiday for the first time in 15 years, one person had started to walk to the local shop on their own and another was starting to use a mobile phone responsibly when going out on their own.

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

- Cheshire House had clear leadership from the management team, which was inclusive of people living at Cheshire House and the staff team. For example, one person helped complete the weekly checks on the service's car.
- A clear, robust quality assurance system was in place at Cheshire House, led by the management team.
- The quality system involved not only the management team, but also the named keyworkers and designated champions. Keyworkers and champions had agreed roles in place, for example the keyworkers reviewed people's care plans after their monthly meeting with the person using the service and the person-centred care champion checked that the care files contained all the relevant documentation and operated as a critical friend.
- Staff were respectful of their colleagues' roles and continuous learning and development through audits and training were promoted. A member of staff who was the health and safety champion said, "Staff will



listen if I raise a health and safety issue; we're a good team, you get support from everyone."

#### Continuous learning and improving care

- The service promoted an open culture where the service could learn and develop new ways to support people from any incidents that occurred. A thorough analysis and review of all incidents was completed. The number of incidents at Cheshire House had decreased due to focused changes made in people's environment and individual support. For example, a change of flat for one person with their own external door resulted in significantly fewer incidents as the analysis had recognised the majority of incidents for this person were with other people living at the service in communal corridors of the home.
- People received an exceptionally personalised and effective service due to the services focus on continuous development and improvement. This was underpinned by the holistic multidisciplinary approach of the staff team. Shared learning and specific staff training for individual needs was arranged with regular workshops held to discuss as a team how people's support could be improved to be responsive to their needs and goals. A relative told us, "You can see the results in [name's] life. He had seven placements in six months and was then hospitalised. Cheshire House have stuck with him and you can see he's much more settled and there's been an improvement in his behaviour. It takes resilience and skill to support [name]."
- One person was diagnosed with a little understood condition. The management team had actively sought specialist support and were working with the provider's psychiatrist, so they could understand the person's complex needs and how best to support them. Information about their specific condition had been provided to the staff team.

#### Working in partnership with others

- The service worked very closely with external professionals and families to review and agree people's support needs. In a survey of professionals involved with Cheshire House (November 2019) all respondents said consultation was 'very good' and the service implemented any recommendations agreed during reviews and multi-disciplinary meetings.
- For example, a social worker told us the service had worked extremely closely with them to support one person's family and help them understand their relative's needs and how they could assist them to develop a seamless transition between the service and when visiting the family home. They said, "We made joint visits to see [name's] family about his care plans and the issues happening when he's at home. Now we have clear boundaries and consistency whenever [name] see's their family, which has reduced his anxieties."
- Internal specialist support from psychiatrists and positive behaviour specialist was readily accepted and utilised to assess people's needs and develop support plans to encourage people to develop their skills and take positive risks within an overall risk management plan.
- The service was following and developing best practice in their support for one person who was diagnosed with a little understood condition, which is not diagnosed in some areas of the country. The National Autistic Society information for this condition states; 'with limited evidence based research there is no conclusive and agreed upon definition (for this condition).' The management team had actively sought specialist support and were working with the provider's psychiatrist, so they could understand the person's complex needs and develop best practice in how to best to support them without triggering their anxieties. The information obtained and developed about their specific condition had been provided to the staff team.

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

- People were actively encouraged and supported to be involved in shaping their care and support through regular keyworker meetings to review what was working well and what people wanted to change. Various techniques were used to fully involve people in the service such as talking mats and lifespan workshops to assist in understanding how people change over time. People were supported and empowered to give their

views on their support and what they wanted to achieve. A team leader said, "The keyworker advocates for people wishes and tries to arrange the things they want to do, including looking at positive risk taking."

- Staff made excellent use of verbal, non-verbal and technology-based communication techniques to enable people to express themselves. Social stories and talking maps were used to great effect, which meant people were able to contribute their wishes with appropriate support and advocacy from staff.
- People were encouraged to be part of the running of the service. For example, taking part in the recruitment process for new staff, by being part of the interview panel and working with staff to complete the weekly car safety checks.
- Staff were exceptionally skilled in supporting and training people to learn new skills, responsibilities and to take positive risks within their flats, the local community and when visiting their families. This was through careful agreement of people's goals, planning, staff support, coaching and review. One person was encouraged to write their own reflective accounts, looking at what had gone well and where they still needed some support.
- Surveys were sent to people, relatives, external professionals and staff to gather feedback about the service. The results were collated centrally by the provider and a report produced for the service. The results were overwhelmingly positive. The registered manager had responded to comments made in the surveys.

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

- There was an open and honest culture at Cheshire House. Staff were actively encouraged to report all incidents, so they could be analysed, and changes made to reduce the risk of any re-occurrence. Incident monitoring showed referrals and notifications were made to the relevant bodies, including the CQC, when required.