

# Consensus (2013) Limited

# Wallace Crescent

## Inspection report

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Date of inspection visit:  
27 November 2019

Date of publication:  
20 March 2020

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Wallace Crescent is a residential care home providing personal care to eight people with learning disabilities and mental health support needs at the time of the inspection. The service can support up to eight people in self-contained single-occupancy flats within the home, with communal spaces also available for people to use.

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

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

People benefited from being cared for by staff who were exceptionally well trained and supported to provide effective care that led to positive outcomes for people. The service worked alongside specialists and healthcare professionals to assess people's needs holistically and deliver positive outcomes. This included the use of technology to gather data to help staff understand people's needs better. People had support to plan their own personal menus according to their needs, tastes and preferences. Staff understood people's health needs and promoted good outcomes and quality of life for people. The home environment was set up in an innovative way that promoted people's independence and reflected their individual needs and preferences.

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.

People received person-centred care that focused on what was most important to them and took into account their diverse needs. Care plans were in different formats to suit people's needs, including innovative and unique formats that were particularly meaningful to people. People were strongly involved in reviewing care plans regularly to keep them up to date. Staff supported people to set and achieve goals for themselves. People had opportunities to take part in a variety of activities that were meaningful to them and tailored to their interests and abilities. Staff supported people to maintain relationships that were important to them. The provider dealt with people's complaints in a thorough, prompt and fair way.

There were systems and processes to protect people from the risk of abuse. The provider managed risks in a person-centred way to keep people safe from harm while restricting their freedom as little as possible. When things did go wrong, there were systems to learn from this and prevent incidents from happening again. There were regular checks to make sure the environment was safe and infection control procedures were

followed. There were enough staff and safer recruitment processes to ensure the staff were suitable to care for people. Medicines were managed appropriately.

People received care and support from staff who were kind, empathetic and respectful. Staff took the time to get to know people well and understand their preferences and wishes. The service strongly promoted equality and diversity and we saw many examples of this. Staff used different methods to support people to express their views and make choices about their care, depending on how people communicated and what worked best for them. People's care promoted their privacy, dignity and independence.

People benefited from a service with strong management and leadership, with an open, inclusive and person-centred culture. The provider consulted people, their relatives and staff as part of their ongoing programme of assessing the quality of the service and making improvements. There was a robust governance system with good oversight from the provider to make sure the service continued to provide a high standard of care to people. The provider worked well in partnership with others.

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 2 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?

Outstanding ☆

The service was exceptionally 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?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Wallace Crescent

## 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

Wallace Crescent 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at previous inspection reports and information we received about the service since the last inspection. This included notifications the provider is required by law to send us about significant events that happen within 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 members of care staff, two members of staff employed by the provider to deliver training

and development, the registered manager and a senior manager from the provider organisation. We also spoke with a healthcare professional and a social worker who were visiting the home. We carried out observations of staff interacting with people and we spoke with two people who used the service.

We looked at three people's care plans, medicines records and other records relevant to the service such as staff recruitment and training records.

After the inspection

We spoke with two relatives of people who used the service and we reviewed further documentation the registered manager sent to us after the inspection.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Visiting professionals told us, "I think this is a good service and people are safe" and, "I feel [my client] is definitely safe and I have no immediate concerns." Staff felt the low numbers of safeguarding concerns raised at the service were due to good communication and training meaning they were confident to report and address any minor issues before they became major concerns.
- Staff were familiar with the safeguarding procedure and how to recognise and report abuse. The registered manager had attended a safeguarding conference the week before our inspection.

Assessing risk, safety monitoring and management

- Each person had an individual risk assessment. These covered very specific situations that might result in risks to people's safety. For example, they considered risks posed by people's behaviour, health conditions and the activities they liked to do. One person told us, "I don't mind having my kitchen locked, because it protects my things."
- People's risks were managed in a person-centred way, to help people live the lives they wanted while remaining safe from avoidable harm. For example, one person liked to go out independently but when doing this was highly likely to engage in compulsive behaviour that put their health at risk. Staff had agreed a risk management plan with the person that allowed them a limited amount of independent time outside the home and this was flexible based on current risk levels, which staff monitored.
- Staff knew how to safely manage behaviour that challenged the service and told us they were confident doing this. They used an evidence-based support system that was designed to de-escalate risky situations while reducing the need for physical intervention. This was another example of how the service managed risks well whilst compromising people's freedom and choice as little as possible.
- The provider took steps to ensure the home environment was safe. This included arranging for utility supplies to be checked and serviced, suitable fire safety arrangements and regular health and safety checks. These were detailed and covered a wide variety of areas such as window restrictors, shower cleaning and fire drills. People were involved in carrying out safety checks of their home.

Staffing and recruitment

- There were enough staff to care for people safely. The provider had robust arrangements in place to cover staff absence. This was usually done by permanent or bank staff so good continuity of care was provided by staff who knew people well.
- The provider had a system to ensure as far as possible that they only employed staff who were suitable and safe to work with people. They carried out a number of checks of prospective staff to support this and the electronic system used to document the process did not allow the recruitment process to advance until

all of the checks required by law were complete.

#### Using medicines safely

- Medicines were stored safely and records showed people received their medicines as prescribed. People's relatives felt medicines were managed well.
- Staff were clear about systems for ordering, storing and returning medicines. The provider had a good relationship with the pharmacy that dispensed people's medicines, which provided training to make sure staff were familiar with their systems.
- The provider made improvements to their medicines management in line with recommendations from the pharmacist, and carried out their own monthly checks of medicines.
- Where people were prescribed medicines to take only under certain circumstances, such as to help them feel calm when they experienced anxiety, there were clear instructions to ensure staff understood when to offer people these medicines.

#### Preventing and controlling infection

- All staff had completed mandatory training on infection control and staff discussed good practice in infection control at regular team meetings.
- The home had ample supplies of personal protective equipment such as gloves and aprons, which staff used as a barrier to infection when carrying out personal care or cooking tasks. There were regular checks to make sure staff were using these appropriately.

#### Learning lessons when things go wrong

- The provider had systems to monitor incidents, identify any trends and look at ways of preventing things from going wrong again. They particularly monitored the use of control and restraint to help them develop less restrictive ways of keeping people safe. The service had only had one instance of physical restraint in 2019, which suggested the current approach was working well as some people who used the service had previously needed a high level of restrictive interventions.
- When things went wrong that suggested people's support may not be fully meeting their needs, the provider acted quickly to review risk and consult experts who were able to look at people's pattern of behaviour and identify what may have led to the incident. This included looking at things like the medicines people took, their physical and mental health and other factors.



# 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 now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. Feedback described it as exceptional and distinctive.

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew when they needed to consult other agencies to ensure people's care was effective. For example, they sought advice if they were unsure of the reasons behind a pattern of behaviour they had not observed before. Examples of positive outcomes achieved through joint working included a person whose relative told us they were very settled at the home despite having several problems at their previous placements. The provider had worked with multiple agencies as well as the person and their family to make sure the person's care met their needs and promoted good outcomes.
- Visiting professionals told us staff worked well with them. One professional said although people's needs were very complex, staff were able to meet these effectively because they listened to advice, were very responsive and were very open about what worked well and what did not.
- At the time of our inspection the service was using the STOMP framework. This is an approach based on current guidance and expert advice that looks at how services can reduce the amount of medicines people take and ensure the medicines people do take are prescribed for appropriate reasons and are effective. The provider was working with people, relatives and medical professionals to achieve this and there were examples of people whose medicines had recently been reduced. This promoted a better quality of life, for example by significantly reducing side effects of medicines such as tiredness and weight gain.
- The service used a multidisciplinary approach to assess people's care needs. Staff understood that it can be difficult to identify the source of a health or behavioural problem in people with learning disabilities and complex mental health needs. This meant when they identified that people had unmet needs, they worked with other agencies to find out what was causing the issue. For example, one person had recently been presenting more self-injurious behaviour so staff supported them to have their dental health and vision checked and their medicines reviewed to see if the issue may have been caused by pain or other physical discomfort. They then worked with a behaviour specialist who identified the person may need more structure in their daily routine and developed some tools for staff to use with the person to improve this. This approach was effective as the person's self-injurious behaviour significantly reduced.

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

- Each person had their own self-contained flat within the home and this promoted their independence. The flats each had their own bathroom, kitchen and living room, which helped people learn daily living skills and work towards living in a more independent setting. This innovative setup also meant people had control over whom they shared their living space with. The home had communal areas that were used for group activities and meals when people wished to socialise, so people were not cared for in isolation even if their needs meant they found it difficult to live in close proximity to other people.

- People's living space was highly personalised and adapted to meet their needs. For example, one person was unable to tolerate a large table in their living room, so the provider obtained a folding table the person could use for meals and activities.
- Décor was tailored to reflect people's tastes and preferences. Certain colours were very important to some people and they had received support to redecorate their flats in those colours. One person found it anxiety provoking to have strangers in their private space, so staff supported them to paint their own flat rather than hire decorators. People's flats were decorated with artworks they had produced and contained pictures and items that reflected their interests.

#### Staff support: induction, training, skills and experience

- The provider employed their own qualified trainers, who provided bespoke training tailored to the needs of people who used the service and the learning style of staff. This meant staff had opportunities to discuss how best to meet people's needs with qualified trainers who were familiar with people and their support plans. On the day of our inspection one of the trainers visited the service to analyse people's needs so they could create a bespoke training plan for staff. They had recently held a similar session about autism and how this affected people who used the service, with input from an autism consultant. Staff told us this meant they had "really in-depth" knowledge of people's needs, and demonstrated very good knowledge of current best practice. For example, we observed staff interacting with one person who needed staff to respond to certain questions and comments in very specific ways. Staff knew how to do this, and discussions with them demonstrated that they also understood why the person needed them to do this.
- The provider supported staff to pursue further and higher education related to their work. These members of staff became 'champions' who were responsible for sharing their expertise, providing extra guidance to the staff team and supporting their colleagues to provide care that led to better outcomes for people.
- Staff had opportunities to discuss best practice at monthly team meetings. The provider held a best practice group where information was shared about the latest guidance and advice from relevant sources. This helped to ensure people's care was consistently delivered in line with current guidance.
- People were involved in the recruitment and selection process to help ensure staff had the right skills and values to work with them effectively. This included people taking part in interview panels or writing questions for candidates. This helped promote good outcomes for people as they were able to contribute to choosing staff who shared their values and had a good level of knowledge about their needs.
- Staff had regular opportunities to discuss their work, set goals and work towards their professional development. This included individual supervision, yearly appraisals and group workshops where staff could discuss how they supported specific people, what was working well and what was not working so well. New staff received a three-month induction to ensure they were confident and competent before working with people alone. A member of staff told us, "There is always someone to listen to us."

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

- The care and support staff provided remained in line with current standards and evidence to ensure they delivered people's care effectively. For example, the provider employed qualified instructors to deliver regular updates to staff about behaviour management techniques.
- Assessments were comprehensive and were based on a thorough understanding of each person and the care they required to meet their needs. Professionals, family members and those who knew people and their needs well were involved in the process. This also helped to ensure expert advice, for example from healthcare professionals, was fed into care planning.
- Relatives told us the service provided effective care with good outcomes. One relative's view was that since living at the home, "[person's] self-esteem, sense of well-being and level of functioning have grown."
- The provider engaged the services of a specialist team working with people who had Prader-Willi Syndrome, a genetic condition that can lead to risky or compulsive behaviours, to help them ensure the care

they delivered to people with that condition was in line with specialist guidance.

- The provider used new technology in an innovative way to promote good outcomes for people in line with recommendations. For example, they used non-intrusive sensors to gather data about one person's sleep pattern and help them understand why the person found it difficult to settle at night. After discussions with the person and their family, the service arranged to make changes that helped the person sleep better.

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

- Staff monitored people's weight and diet to make sure they stayed healthy. If people were not at a healthy weight, staff worked with them to produce diet and exercise plans. This involved setting goals and discussing relevant input from healthcare professionals with people and their families.
- Each person received support to plan their own personal menu and shop for the food they needed. This meant people could always have food and drink that was tailored to their nutritional needs and preferences. Staff told us about what menus might look like for different people, demonstrating a good understanding of what was important for each person. Menus we saw were varied, healthy and appealing.

Supporting people to live healthier lives, access healthcare services and support

- Staff had a good knowledge of people's mental health support needs, and how their mental health management was affected by their learning disabilities. For example, staff were aware of how people's learning disabilities might make it difficult for them to express their thoughts verbally when they were feeling anxious and how they might use other strategies to cope with their anxiety. Staff gave us examples of how this related to specific people.
- For people with ongoing mental or physical health conditions, there was clear information for staff about the training they needed to have before working with this person, the person's support needs around their condition, how to recognise the warning signs of relapse and what to do if this happened. Records showed the provider had a thorough understanding of the health conditions people had, and they had carried out research to ensure they were able to meet people's needs and promote good outcomes.
- Staff regularly reviewed people's health needs, to ensure any changes in people's health were picked up quickly. They looked at several areas, such as mental health and healthy eating, and how these might affect one another. Staff also closely monitored people who were receiving newly prescribed medicines, in case they experienced untoward side effects. A relative told us, "They are to be commended especially regarding keeping an eye on medical needs such as making doctor's appointments for [person] when he is unwell."
- People had opportunities to access exercise and physical activities to help them stay healthy. Staff ensured people were aware of why this was important for their wellbeing and helped them work at a suitable pace towards becoming more active, if needed.

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.

- Applications to deprive people of their liberty were made in a timely way and the appropriate authorisations were in place where relevant.
- The provider followed the correct legal processes to assess people's capacity to make decisions about their care and ensure any decisions made on their behalf were in their best interests. This included ongoing discussions with people's relatives, health professionals and others to decide whether potentially distressing healthcare interventions would be in their best interests.
- Where people were able to consent to decisions about their care, they were involved in the process and gave consent. Staff regularly checked with people that they still consented. The provider used a restrictive practices checklist to help them make sure people's care was delivered in ways that restricted their freedom as little as possible. They consulted other agencies where appropriate to find the best ways to reduce restrictions on people who were deprived of their liberty as part of their care.

# 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 were able to build strong relationships with the staff who cared for them. Staff told us, "We know the people here very well." Visiting professionals told us the continuity of care was good because key staff had been at the service for several years and understood people well. We saw staff asking people about topics they were interested in, and people enthusiastically engaged in these conversations.
- Staff demonstrated understanding and empathy towards people. For example, they recognised when people needed support around things they were anxious about or needed to do a certain way, even if the reasons behind this did not seem logical. Care plans contained personalised information about how to recognise particular emotions in people who found it difficult to express themselves verbally, and how to respond in a supportive way. Staff also gave people support to understand the reasons behind them experiencing anxious or unsettled feelings, and helped them plan their routines to minimise this.
- Staff respected and promoted equality and diversity. This included supporting people's needs in relation to protected equality characteristics. For example, staff understood the support gay and transgender people might need such as using preferred names or gender pronouns that might differ from those they were assigned at birth. The service held events celebrating the cultural diversity of people and staff at the service, to help people learn about one another's cultural backgrounds.
- The service recognised and celebrated people's achievements, demonstrating to people that they were valued and staff understood what was important to them. Staff spoke with a sense of pride about what people were good at and what they had achieved.

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

- The provider placed an emphasis on enabling people to have a voice. People had regular meetings with key workers to discuss their care and support and make sure they were involved in decision making. Staff supported people to make plans based on what people thought would work best for them. One person told us they were very happy with how staff helped them to decide what they wanted.
- The service used different techniques to support people to express their views and involve them in planning their care. For example, the provider's behaviour specialist completed a specific piece of work with one person about what support they wished to have from staff when they experienced particular emotions. Care plans contained information about how to involve people in decision making and how to present information to them in ways that helped them understand their choices.
- Staff went out of their way to give people as much choice as possible about their care. One example was a person who liked to plan a "Perfect Week" every year. This involved the person doing all of their favourite things and being able to choose which members of staff supported them with each activity, even if those

staff would not normally work on that day.

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

- The service had a strong focus on supporting people to learn life skills and work towards becoming more independent, at their own pace. Staff supported people to keep their flats clean and tidy, prepare their own meals and take responsibility for their living space. One person told us, "Staff help me clean. I do my own hoovering and laundry."
- The setup of the service promoted people's privacy and dignity, because each person had their own self-contained flat within the home. One person told us, "I like having my own private space." We observed staff ringing people's doorbells and waiting for a response before entering their private space. The registered manager told us the service was ideal for people who needed the level of support a care home could provide but found it difficult to live with others because they preferred having their own space.

# 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.

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

- People received support to overcome barriers that had previously prevented them from following their ambitions or trying new things. We heard about some people receiving support to go to Disney World after this had previously been considered impossible for those people because of risks. The provider considered these risks on an individual basis, finding creative ways to manage them so people could do the things that were meaningful to them.
- People had opportunities to engage in a variety of activities of their choice, follow their interests and take holidays. People told us they were happy with the activities they did. A visiting professional told us staff worked very hard to engage one person in activities as this had always been a challenge for them. Another person had recently started a college course that was relevant to their interests and level of ability and a third person had plans to start a job soon. We saw a video staff had made for one person about a holiday they had been on, showing them engaging in several activities such as a drumming workshop and meeting animals. Activities at the home included sensory activities, art and cooking. We saw one person engaged in a sewing project, which they proudly showed us. Another person showed us photographs of a recent social event at the home, telling us they enjoyed it.
- Staff recognised that some people needed less stimulation than others and some people needed to avoid certain things that triggered anxiety. They supported people to tailor their activity plans to their needs. For example, one person was not going away on holiday because this would be too overwhelming for them, so staff created a plan for a week of protected time doing their favourite activities and day trips with staff. Another person received a set amount of one-to-one support per day to attend activities outside the home.
- Staff supported people to keep in touch with those who were important to them. Where people had difficult relationships with their families or other significant people in their lives, staff supported them to manage this such as by having more structured contact with those people.

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

- People and relatives were pleased with the care and support provided at the service. One person said, "They're good here." Another person's relative told us, "I am very happy with the quality of care [relative] receives at Wallace Crescent." A visiting professional told us the care provided was "definitely person-centred."
- People had person centred plans, of which they wrote as much themselves as they were able to do with staff support. This meant different people's support plans were in different styles and formats depending on what suited them best. The plans focused on whatever was most important to people in addition to the care



they needed to maintain their quality of life and minimise the risk of neglect. This included consideration of equality and diversity, and how to meet people's individual needs in relation to characteristics such as their culture, sexuality and disabilities.

- One example we looked at contained a person's lifestyle and support preferences they felt very strongly about, things that made them happy and sad, their wishes and ambitions for the future and activities they would like to try. The registered manager gave examples of several of these things they had already supported the person to do and talked about how they were planning to do the others.
- When considering what was important to people, staff understood some things might be difficult for people to explain or express in words. They considered what they observed as they got to know people and discussed how they could do better when it came to meeting people's preferences. Staff discussed this at monthly meetings so they were all up to date with people's needs and preferences.
- Care plans were clear and up to date. They were regularly reviewed at meetings where people, their relatives and staff discussed any changes to people's needs, preferences or health, including any unexplained changes in behaviour or presentation that might need following up. When doing this they looked at what was working well for people and what was not working so well in terms of the support they received. They also supported people to set and review goals for themselves such as increasing their independence and daily living skills, new things they would like to try or interests they wanted to develop.

#### 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.

- People had copies of their care plans in their preferred formats. One person showed us their care plan and told us about the things in it that were important to them. Other important information, such as the complaints policy and information about people's medicines, was available to people in an easy-read format.
- Detailed information was available for staff about the ways in which people communicated. It was particularly important to one person that staff spoke to them in certain ways and gave specific answers to questions, so staff had supported them to develop a support plan in video format that they could play for new staff to help them understand the person's communication needs. Another person had "Now and Next" boards staff used to make it clear to them what was happening and what was about to happen.
- Staff maintained communication with people so they felt listened to and understood what was happening around them. The provider employed a behaviour management specialist to help staff understand how to do this. This positive communication meant people did not have to demonstrate unmet needs by behaving in ways that challenged the service.

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

- There was a clear complaints policy and people knew how to complain. A relative told us, "When things don't go well, [staff] work hard to get them back on track."
- The provider dealt with complaints promptly and appropriately. As part of handling complaints, they created action plans that showed how they planned to improve the service in response to each complaint.

#### End of life care and support

- At the time of our inspection, the people who used this service were not likely to need this type of support in the foreseeable future. However, the provider had considered what they needed to put in place in case this need should arise. Staff were familiar with the principles of good quality end of life care and some people had advance care plans. These are plans that set out people's needs, preferences and wishes for the



care they should receive as they approach the end of their lives.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted an inclusive culture with a clear vision and values. These were focused on empowerment and equality of opportunity. This included focusing on what people were able to do, rather than just seeing the limitations imposed on them by their disabilities.
- An example of this was how the staff used empowering "people first" language, showing they valued people for who they were rather than simply seeing their disabilities and needs. They supported one person to include their views about this in their care plan, which read, "I want to be able to live without my [genetic condition] diagnosis taking over" and instructed staff how to support the person's needs around this condition without focusing on it in a way that highlighted their disability.
- Leadership was visible. We saw people interacting with the registered manager and the operations manager and it was clear they knew one another well. The registered manager sometimes worked at weekends or overnight so they could get to know all staff well and make sure service quality was consistent. A relative told us the registered manager "is a dedicated manager and models a high standard of care for my [relative]." A member of staff said, "[The registered manager] is such a good leader and knows people so well. He gets involved, he is very hands-on." The registered manager told us they promoted a flattened hierarchy so staff would be more confident sharing their views.
- The provider encouraged and rewarded adherence to the organisation's key values. People and staff told us about 'Party in the Park,' an event the provider had organised. They rented out a holiday park so every person and staff member within the organisation had the opportunity to take a holiday paid for by the provider. They did this in recognition of the work staff had done to enable the provider to achieve a rating of 'Good' or 'Outstanding' in all of their services. Wallace Crescent had also received a "Service of the Quarter" award from the provider.

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

- The provider held a group meeting for service managers where they discussed things that had gone wrong and how they would use learning from these incidents to improve services and prevent things from going wrong again. They shared their findings with people and their families and reassured them they had taken appropriate action.
- One person's relative said the service was "open and transparent always willing to share all information concerning my [relative]." Staff made similar comments about honest and transparent leadership. One member of staff said, "We always question ourselves, and we admit when we could have done something

better. We learn from our mistakes."

- Visiting professionals told us the provider was open and honest with them when things went wrong. One professional said, "They are very open and not defensive. They don't try and hide things."

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

- Managers and senior staff within the organisation received leadership training to ensure they understood their roles and to equip them with the skills they needed to manage and lead. This included training on how to deliver a service that was truly person-centred.
- Staff worked together well and understood their roles. Responses from staff surveys the provider carried out in 2019 indicated staff were happy with teamwork, morale and the clarity of their roles.
- Care records were complete and of high quality because staff understood why this was important. Visiting professionals confirmed records were always up to date when they visited and staff knew where to find the information they needed.
- Managers' meetings were used to discuss quality performance and what evidence there was to show they were delivering care in line with best practice and producing the best possible outcomes for people.

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

- The provider supported people to feel included and valued in their community. For example, our inspection took place shortly before a general election and we saw accessible information telling people what this meant and how to vote. Staff had made sure people were registered to vote and gave them the support they needed to understand their voting rights.
- People had regular opportunities to discuss their care with a key worker who was well known to them. These sessions were used to gather people's feedback about the service. Staff discussed feedback from people and their relatives at team meetings and looked at ways of improving the service in response. For example, staff noticed while evaluating a person's care that they had not tried many new activities recently. They created an action plan to support the person to look into new things they might like to try.
- Staff also had opportunities to feed back as part of monthly team meetings and supervision. Results from the latest of the provider's annual staff surveys showed staff were generally happy working at the service. Staff told us they were proud of the work they did and that the team was very committed.
- The provider involved people who used services in assessing the quality of people's care. A person who used one of the provider's other services visited the service as part of the provider's quality checks. They spoke with people who used this service and looked at support plans to judge whether they were accessible and person-centred. Using a specialised audit tool, they had given the service a very high score that indicated they thought the care people received was outstanding in quality.

Continuous learning and improving care

- The provider had robust systems to monitor service quality and identify any problems. The operations manager told us they were able to do some of this remotely and could check whether tasks had been completed, such as annual reviews of people's care. The provider also carried out regular visits to the service to check the safety and quality of the care people received, and the registered manager carried out checks to monitor the service on a day-to-day basis. Action plans showed that the checks and audits were effective in identifying areas for improvement and addressing shortfalls promptly.
- The provider's behaviour specialist closely monitored the use of prescribed intervention techniques and used this information to better tailor the approaches staff used to the needs of people who used the service. They told us the currently low number of incidents involving behaviour that challenged the service indicated that the service was respecting people's preferences and meeting their needs, as this reduced the need for

people to present this type of behaviour.

- There were regular reviews of people's care plans to check their quality. This included completeness and clarity of care records, whether care plans were detailed enough to provide truly person-centred care and how they could be improved.
- The registered manager told us about their plans for improving the service. They regularly consulted people and staff about what was working well and what was not going so well, so they could use the information to improve the service.

Working in partnership with others

- The provider worked with others such as healthcare and social work professionals to make sure people who used the service had equal opportunities. For example, they did this to make sure one person who had changed their preferred name and personal pronouns was addressed in a way they were comfortable with and did not experience discrimination.
- The service worked in partnership with specialist teams who were involved in developing and reviewing people's care. For example, experts in a particular genetic syndrome came to the home to review the care of people living with that condition and gave feedback to the service about the quality of those people's support.