Milestones Trust

Mayo 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

Mayo House is registered to provide accommodation for seven people who require personal care. Each person has their own self-contained flat within the building. Five flats are on the ground floor and two on the first floor. At the time of our inspection seven people were using the service. Each person had complex needs and required individual support to help them manage their behaviours.

This inspection was unannounced and took place on 10 and 11 August 2016.

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.

In addition to the registered manager, a deputy manager was employed at the service, along with six team leaders, community support workers and 'assigned bank workers'. A total of 32 staff were employed at the service.

People using the service had varied and complex needs. Some people required intensive support to assist them to manage their behaviours. Not every person was able to make their views known verbally. As a result staff were required to develop a range of skills and abilities to provide the care and support people needed. We found staff had been supported to develop these and people received a service that was planned and delivered around their individual needs. During our inspection we were also struck by the calm atmosphere in the service in addition to the caring and skilled approach of staff.

People were safe. Staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Medicines were well managed and people received their medicines as prescribed. Emergency systems had been put in place to keep people, visitors and staff safe.

The service was effective. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that was easy to understand. People were supported to maintain relationships with family and friends.

The service was exceptionally responsive to people's needs. People received person centred care and support. They were offered a range of individual activities both at the service and in the local community, based upon their hobbies and interests. People, relatives and staff were encouraged to make their views known and the service responded by making changes. Transitions for people moving to the service were very well planned. Staff had worked to ensure people had fair and equal access to healthcare services.

People benefitted from a service that was exceptionally well led. The registered manager and senior staff were well respected and demonstrated good leadership and management. They had an open, honest and transparent management style. The management team were experienced and had received appropriate leadership and management training and advanced training in positive behavioural support. The provider had sophisticated systems in place to check on the quality of service people received and any shortfalls identified were acted upon. The vision and values of the service were effectively communicated. The management team had a clear plan for further developing and improving the service people received.

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.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

There were enough suitably qualified and experienced staff.

Medicines were well managed and people received their medicines as prescribed.

Emergency systems had been put in place to keep people, visitors and staff safe.

Is the service effective?

Good

The service was effective.

The service was complaint with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff who received regular and effective supervision and training.

People were supported to make choices regarding food and drink. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

Is the service caring?

Good

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff recognised and promoted the role of family and friends in people's lives.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive to people's needs.

People received person centred care and support.

They were offered a range of individual activities both at the service and in the local community based upon their hobbies and interests.

People, relatives and staff were encouraged to make their views known and the service responded by making changes.

One person's recent move into the service had been well planned and planned around their individual needs.

Staff had worked to ensure people had fair and equal access to healthcare services.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

The registered manager and senior staff demonstrated good leadership and management. They had an open, honest and transparent management style.

The vision and values of the service were effectively communicated, understood by staff and put into practice.

The provider had sophisticated systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

The management team had a clear plan for further developing and improving the service people received.

Mayo 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.

This inspection took place on 10 and 11 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The last full inspection of the service was on 22 May 2013. At that time, we found the service was compliant with regulations.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted ten health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection. Their comments are included in the main body of our report.

Not every person was able to express their views verbally. We were able to meet each person and spend some time with them and their staff. However, given the lay out of the building we did not carry out a Short Observational Framework for Inspection session (SOFI 2). SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We considered it would have been too intrusive to have done this in people's own flats. We received feedback from three relatives of people using the service.

We spoke with the registered manager, four team leaders, three support workers and two assigned bank workers.

We looked at each person's care records and records relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and supervision and training information for staff.

Good

Is the service safe?

Our findings

We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed and contented. When asked if they felt safe, people smiled and reacted positively. One person explained they liked to go out regularly on buses and bikes and said, "I feel safe in my flat and when I go out". Health and social care professionals said they felt people were safe.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management of poor practice.

The provider had appropriately raised safeguarding concerns in the last 12 months. On each of these occasions the provider had taken the appropriate action. This included sharing information with the local authority and the Care Quality Commission (CQC). The level of information shared with other agencies had been appropriate and sufficient to keep people safe. As a result of the safeguarding concerns and subsequent investigations, changes were made to people's care arrangements when required to keep them safe.

There were comprehensive risk assessments in place. Each person's risk assessment and support plan were regularly reviewed and updated when required. Risk assessments to keep people safe when they became unwell, to support people with their daily living and to develop their independence were in place. For example, risk assessments were in place for people to engage in particular activities, such as bike riding, attending hydrotherapy and visiting family, as well as to help avoid and manage risks arising from behaviours and medical treatment. Risk assessments contained clear guidance and detailed the training and skills required by staff to safely support the person. Staff were knowledgeable of these. They knew where they were kept if they needed to refer to them. Feedback from health and social care professionals on assessing and managing risks to people was positive. One healthcare professional said, "We have been able to advise on minimising risk and we have been satisfied that staff have taken our advice. Currently I have no concerns about patient safety".

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The registered manager regularly reviewed these to identify any themes or trends. We saw these had been used to identify and plan to avoid, particular triggers that had resulted in increased anxiety for people.

The registered manager clearly understood their responsibilities to ensure suitable staff were employed in the home. Recruitment information was held at the main office of Milestones Trust so we were unable to check the records were in place. However, we had previously visited the offices in July 2016 and found that satisfactory pre-employment checks were carried out by the provider. These included a Disclosure and

Barring Service (DBS) check and references from previous employers. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

People were supported by sufficient numbers of staff to meet their needs. Each person received a minimum of one to one staff support during the day with some people receiving support from two staff when needed. The level of staffing required to keep people safe was recorded in person's individual care plan. The staff rota identified which staff were providing care and support to each person at all times of the day. Night time support was provided by three waking staff and one staff sleeping in who could be called on if required. Staff said they felt there were enough staff to keep people safe. Comments included; "Staffing levels are great, people are safe and can do whatever they want", Staffing levels are really good here" and, "The staffing levels couldn't be better really".

The registered manager said, "Because of people's complex needs, we only use staff who people know. We have assigned bank workers to help when needed. They are all people who are skilled, experienced and know people". The staff rotas showed this was the case and, care had been taken to ensure a mix of staff skills and experience were available on each shift.

The provider had a staff disciplinary procedure in place. This shows the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

Staff followed the policies and procedures for the safe handling, storage and administration of medicines. Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. People received their medicines as prescribed. Some people were prescribed 'as required' medicines, including medicines to be administered in emergencies. These were medicines to help people manage their behaviours and medicines to keep people safe at times of medical emergencies. Staff had received training to do this and, how and when the medicine was to be administered was clearly written into people's care plan. An identified staff member was responsible on each shift for checking people had received their medicines. The staff member doing this on day two of our inspection explained, "We check one hour after administration times to make sure everyone's had their medicines. The person checking has to be someone who hasn't administered the medicines. We then counter sign as checked and given". Records were kept of these checks. These checks reduced the risk of errors in the administration of medicines.

Staff had access to equipment they needed to prevent and control infection. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were kept in locked cupboards to ensure the safety of people. The communal areas and each person's flat were clean, well maintained and odour free.

The health and safety of people, staff and visitors was well managed. An emergency call system was in place to keep people and staff safe. Staff carried a discrete device to call on other staff if assistance was required. Attached to the device was a 'ripcord' which if pulled sent an emergency call to all staff present in the building. This system was linked to the computer. The registered manager monitored the use of the system. Each person had a personal evacuation plan in place to guide staff on how to keep people safe in the event of a fire. Emergency information required if people were admitted to hospital was well organised and accessible.

Good

Is the service effective?

Our findings

Throughout our visit we saw people's needs were met. Staff provided the care and support people required. Feedback from health and social care professionals was positive regarding how effectively the service met people's needs.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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.

As a result of the complexity of people's needs, best interest decision making was an important and necessary part of ensuring people received an effective service. We saw documented examples of best interest decision making working well for people. A clear process had been used and appropriate professionals and people who knew the person well were involved in decision making. On day one of our inspection we saw a best interest decision being acted upon to assist a person to have blood taken.

The person was visited by nursing staff from the local GP surgery to take their blood. The person had been assessed as being unable to consent to this and, likely to find the procedure frightening and distressing. A detailed and clear rationale of why it was in the person's best interests for this to be carried out had been completed with the involvement of appropriate professionals and people who knew the person. A detailed plan had then been written describing how this could best be achieved, causing the least distress. The plan stated the best place for this to be carried out, the people who should be involved and the physical intervention needed to ensure it could be done safely and effectively. Staff who the person knew and felt most comfortable with had been made available. They were supported by a specialist in positive behavioural support who was employed by the provider and based at another service. The procedure was carried out effectively. Staff involved reviewed how it had gone and whether any learning could be drawn from the experience to make it easier for the person if a reoccurrence was necessary.

Another person was being supported by an Independent Mental Capacity Advocate (IMCA) to explore options for moving or staying at their present home. These discussions and meetings had involved the person, their family, staff and relevant health and social care professionals. The records documented the need to take the decision at the person's own pace and fully explore all options.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS). Senior staff had received training on MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. Where people lacked capacity and, their liberty was being restricted, the provider had submitted DoLS applications to the appropriate authorities. Staff kept a clear record of all applications submitted, the date they were authorised, when they would lapse and when CQC had been notified. When a DoLS application is authorised a named person is identified to monitor the conditions. This person is known as the 'recognised person's representative' (RPR). The provider kept a record of the visits of RPR's and any issues arising from these.

The service had a programme of staff supervision in place. These are one to one meetings a staff member has with their manager. These were delegated appropriately to each staff member's immediate supervisor. Staff members told us they received regular supervision. Staff records showed these were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful. Comments included; "(Team Leader's name) does my supervision once a month, more if I ask or need it, it works well", "Supervision acts as a regular opportunity for debriefing. I've found this very helpful" and, "I supervise staff. (Registered Manager's name) has coached and role modelled this for me and I can discuss any problems with this at my supervision, or any other time really". In addition to individual supervisions staff received an annual appraisal or performance development review.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Staff also received specific training to meet people's needs including, administration of emergency medicines, positive behavioural support and non-verbal communication training. The service made effective use of external training providers and, arranged for learning to be cascaded to the whole team at team meetings. An example of this involved two staff sharing their learning on supporting people with borderline personality disorder. Staff said the training they had received had helped them to meet people's individual needs.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for the work was assessed. Staff told us they had been well supported through their probationary period and had completed a programme of training which had prepared them for their role, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

Each person's communication needs were documented and staff demonstrated a good understanding of these. Gestures, signs and other non-verbal communication methods were used in addition to words to aid communication. Staff had involved people, family members and relevant health and social care professionals in developing these.

People chose what they wanted to eat. Menus were planned with the involvement of people. These were varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. Staff said care was taken to ensure food was wholesome, well-balanced and nutritious. People's dietary and fluid intake was monitored and recorded where required.

The physical environment was of a high standard and met people's needs. The available space was well planned and allowed for people's needs to be met effectively. People's flats were personalised. People showed us their living environment and were clearly proud of them. When necessary repairs were identified, these were quickly acted upon. People living on the ground floor had outdoor space that had been

individualised and was well used. People living on the first floor had an additional communal room to use for activities.

Each person's flat contained an individual kitchen. Some people were supported to budget, plan, shop for and prepare their own food. A separate kitchen was also available for people assessed as being at risk from cooking in their own flats. We saw that for some these risks were assessed on a daily basis with arrangements varying as a result. Two people were actively involved in these risk assessments as they were able to indicate if they felt it was safe for them to cook or not. This allowed for staff to keep people safe and work towards maximising their independence.

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

Good

Is the service caring?

Our findings

People were cared for by staff who knew them well. One person said, "The staff are caring, they listen, best place I've been". Staff were able to tell us about people's interests and individual preferences. People were comfortable in the presence of staff and sought out their company. The relationships between people at the home and the staff were friendly and informal. Health and social care professionals told us they felt staff were caring. One said, "All the staff seem to be caring and I think the manager sets a good example with this".

Staff spoke to people in a kind and respectful manner. They were professional in their approach whilst also ensuring there was 'a sense of fun'. We saw many positive interactions with people clearly enjoying the company of and, conversation with, staff.

People were supported to maintain relationships with family and friends. Staff said they felt it important to help people to keep in touch with their families. Care records contained contact details and arrangements. These arrangements were very detailed. The registered manager had stated in their PIR that, 'We listen to people who we provide support for and their families and always try to make family time a priority'. We received positive feedback regarding this from family members of two people. We saw that staff had supported a family member to have meals with a person when they were not able to go to the family home for this. Another person had been supported to cook Christmas lunch for an aging relative. Staff collected this relative and drove them home on Christmas day. People were supported to buy birthday and Christmas presents for family and use video call technology with family abroad.

Feedback from relatives of one person was not so positive, with them feeling they were not as involved as they would wish to be. We discussed this with the registered manager and saw they were working to improve communication and involvement. They had introduced weekly emails and developed guidelines on what needed to be included. We saw these were being sent.

Advocates were used to assist people in making important decisions. This had included decisions around health treatment and living arrangements.

Staff were arranged into 'planning teams'. Each team was led by a team leader and concentrated on acting as a keyworker group for an individual person. The team leader of the planning group was the supervisor for the care and support workers in the group. Staff valued this arrangement and said it ensured people's needs remained at the heart of staff supervision arrangements. They said each staff member has a different role in the team including planning holidays, day trips and contact with family and friends. People knew who their keyworkers were and relatives said they valued this approach.

People's care plans showed care had been taken to involve them and their families in the planning of their care and support. Promoting people's independence was a theme running through people's care records. Care had been taken to record clearly those things people could do for themselves. In addition to the precise care and support people required. People's preference in relation to support with personal care was

clearly recorded. This included detailed routines for providing care in the morning and evenings and whilst engaging in different activities. The approach required from staff was also clearly recorded and understood. For example, some people did not like there to be too many people in their flats, others did not like staff to be too loud. Staff we spoke with understood people's preferences and said they adapted their approach accordingly.

One person took part in staff recruitment. They were paid to undertake this work, they had received training and were provided with the support they needed to undertake this. Staff had worked with them to identify the values and attributes that would make an applicant a good staff member and, had devised questions to address their particular concern. The registered manager wrote to us about this following our inspection. They said, 'This is one of the ways we check the values of the people we employ, and ensure that service users are engaged in the running of the service. What is important to the service user forms part of what we look for. The service user also derives a great deal of satisfaction and feels empowered knowing they have been involved in recruitment and selection, as well as from engaging in valued, paid work'.

Although there were seven people and a minimum of ten staff in the building on the days of our inspection, we were struck by the calm and relaxed atmosphere at the service. This was particularly important given the complex needs of people and showed a high awareness amongst staff of thinking ahead to avoid potential triggers and conflicts. Considerable care was taken to synchronise people using communal corridors and doors, particularly when people were anxious or upset.

Staff we spoke with all said they would be happy for a relative of theirs to use the service. Each member of staff we spoke with talked in a non-judgemental and positive way about people. This showed they valued the unique personalities of each person regardless of how their behaviour could sometimes challenge them in providing a service.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, one person enjoyed having the Bible read to them and received support to attend a local church when they requested. Managers and staff were proud of the fact the service employed people born in many different countries. This was used as a talking point with people, particularly with reference to differences in culture and foods. In their PIR the registered manager had noted, 'The home is staffed by a 30 person strong staff team from different walks of life, background and culture. This brings diversity to people's lives and embraces diversity and equality'.

Care plans contained information on people's, and their families, wishes in the event of their death. This included people to contact and information on any funeral arrangements made or any individual wishes expressed by the person, and/or their families.

Outstanding ☆

Is the service responsive?

Our findings

Mayo House provided a person centred service. Living arrangements, staffing levels and the planning of care and support all contributed to a service designed and delivered for seven individuals who lived independently of each other in the same building.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. This took considerable care and planning as people using the service were not able to express their views and opinions verbally. The home used an innovative individual planning team system so that a number of staff members worked together as a circle of support around each person. Planning team meetings were held regularly and focussed on the person. These meetings covered areas such as, their health and social and leisure activities. The meetings gave a platform for each person to have their needs and wants listened and responded to. These planning groups were led by a senior staff member.

Staff were allocated roles in planning groups following a process of staff matching being completed. This involved all staff members completing a one page profile for themselves. These were the same as those completed with people using the service. These profiles identified, what people like and admire about the person and how they can be best supported. The staff profiles were used to identify the best match for people using the service. For example, one person was supported to go on holiday with staff who enjoyed travelling. A different person, to enjoy walks in the country and go to the cinema with a staff member with similar interests. Another person was supported to take more control over their own eating difficulty, by working with a staff member with a particular interest in this area.

Throughout our inspection we saw staff responding to people's needs and providing care and support in a person centred manner. This included listening to people requests and acting on them. This was helped by the individual staffing arrangements which meant people and staff could act spontaneously. We saw examples of this during our visit. For example, one person went out on an adapted bicycle with two staff. Staff prepared for the cycle ride carefully ensuring they had the equipment needed including the person's Bible so they could read from it when the person requested. Another person was supported by two staff to go a local pub. Again, this involved careful preparation including the positioning of the minibus so they would know to get in it. Staff told us how they supported another person to visit their father in hospital. They said it was essential for staff to be able to respond quickly when the person requested to go. This was because the visits themselves were very stressful for the person and, could only successfully take place when the person themselves decided upon them. These activities were in addition to those scheduled for the day(s).

One person had moved to Mayo House six weeks before our visit. We spoke with the person and the staff supporting them about their move. They explained staff had worked at their previous home (a residential college in another county) for a week alongside the staff from that establishment, the second week they had taken the lead with the existing staff working with them and, in the third week they had moved to their new home at Mayo House. The person was very settled and showed us around their flat. They talked to us about

how staff supported them to continue to support their football team and enjoy heavy metal music. Staff spoke positively about this. They said they supported provided had helped the person establish themselves as part of the local community of football supporters and people who live in the area. Their garden area was accessible through a patio door and had been made into an area for playing football. They showed us how they took shots at the goal and said they enjoyed playing football in their garden. Staff told us feedback from the person's family regarding their move had been very positive, with them saying how happy the person was in their new home.

Other people in ground floor flats had also been able to have their garden areas personalised. For example, one person enjoyed gardening. Their outside area had been landscaped with raised beds for colourful, scented flowers. This area was very attractive and staff told us the person found it very calming to spend time there. We saw the person spending time in this area. They said, "Yes, I like the garden". Another person had a trampoline in their garden which they used regularly. Their relative said, "The firm have spent a lot of time and money doing their best for the garden". A different person's garden had been made into a quiet seating area for them to relax in.

The interior of each person's flat was unique and reflected their particular hobbies and interests. People were clearly proud of their home and often keen to show us photographs, pictures and posters of family, activities including holidays they had enjoyed and talk to us about music and sport they enjoyed.

One person with autism did not like clutter in their room. However, they loved balloons. Staff were keen to work with the person to personalise their room. One support worker painted an abstract tree with colourful fruit and had written, 'like balloons they swell and grow and float away'. It was bright, age appropriate and colourful. The person liked looking at it and visitors no longer faced a barren room but one that was colourful and reflected the person's tastes. Another person had a habit of throwing the remote control for the television. A support worker worked with them to come up with a solution. The remote control was now securely attached by a cord to the armchair. This means the person was still able to throw it. However, it did not go far so it was not damaged and did not damage other things and, could be easily reeled back in. This was creative and allowed the person the control of the remote control.

People were supported to access a wide range of health and social care professionals to meet their needs. These included an annual health check with the GP, speech and language therapy, psychology input, occupational therapy and physiotherapy. Staff were committed to ensure people's health needs were met and had when required, gone the 'extra mile' to ensure people's needs were met.

During 2015 one person underwent treatment for a serious, life threatening health condition. Records showed they had been presenting with symptoms for a year before actual diagnosis. During this time staff had supported the person to see many different health professionals. This resulted in a variety of diagnoses due to the rare complex condition that was eventually diagnosed. Staff persisted in seeking medical advice and following worsening of their condition they were admitted to hospital. This led to a robust best interest decision making process involving key medical staff members.

As a result of the tenacity shown by staff a course of treatment was decided upon which involved attending the hospital. This person had a fear of hospitals and as a result could become anxious, upset and angry. Staff made a commitment to attend each appointment. They liaised with the hospital and arranged for it to open early; they also made arrangements for a disabled parking bay to be available directly outside the main entrance of the department of the hospital. For the duration of the person's treatment the staff involved arrived at the home at 06:00 am to get the person ready to go. This involved staff explaining and 'jollying along' the person for potentially frightening appointments and treatment. With staff support the

person attended every appointment. Staff worked positively with community healthcare professionals to provide the care the person needed at home. This included training staff on caring for wounds and ensuring infection control measures were in place. As part of the initial 'best interest' decision making process a do not attempt cardio pulmonary resuscitation order had been agreed. This was symbolically torn up at a meeting one month after treatment had been completed. The provider stated the meeting was, 'extremely emotional for all involved, as none of the medical professionals could believe that due to the effective efforts of the whole staff team at Mayo House and the collaboration and partnership working with various hospital teams and departments, that the service user had survived. The person themselves remarked at the time, "all better now".'

Two other people had been referred to the service following serious breakdowns of previous placements. One person was receiving very high doses of medicines and one of the aims on admission was to support them to reduce this. Their withdrawal process was handled carefully in partnership with health care professionals. This had been successful and the person was also communicating more, participating in activities outside of their home and receiving support to plan a holiday. A second person was admitted to the service with a history of ten placements that had broken down and a very negative reputation. This person had progressed from living on a hospital and receiving treatment under the mental health act to living in their own flat, shopping, cooking, gardening and going out in their local community each day. This person has been fully involved in drawing up strategies and plans to keep them safe and had gained greater control of their finances and life choices and decisions.

The provider had set up a working arrangement with a non-profit organisation working to combat racism and inequality. This had helped them to support a person to better understand what racism is and, provide individual support for them to express frustration and anger without using offensive language. This also involved staff working closely with colleagues in healthcare as the person's frustration resulted from pre-epileptic seizure behaviour.

Staff had recently supported one person to write a letter of complaint as a result of health treatment they had been unhappy with. Staff told us they would follow this up shortly if the person had not received a response within a month. This showed staff supported people to raise concerns if they felt they were not receiving fair and equal access to services. Another person had received support from staff to seek recompense from harm suffered as a result of previous institutional abuse. This had resulted in an independent advocate being made available to the person and emotional and practical support being provided. The claim was initially turned down but was successful on appeal. Staff said they felt the significant award would have a profound effect on the person's future opportunities.

Care plans were person centred and provided detail on people's needs, daily routines, choices and preferences. Staff clearly described how they supported people and spoke about people in a positive manner. Each person had two files containing a person centred plan and a health action plan.

The person centred planning files contained detailed easy to use information. Information was written in a manner that emphasised the positive aspects of people's personalities and character traits. Clear guidance on how staff support must be given was evident. For example, guidance was in place for staff to withdraw when a person's relatives visited. This involved equipping family members with a call bell and remaining close at hand. Another person would become very upset if the minibus was not parked correctly. How to do so was clearly described in the person's care plan. People's care routines were clearly detailed, along with their likes and dislikes and hobbies and interests. Staff said this information was very helpful for them and, particularly for new staff in ensuring a consistent service to people.

The health action plan files contained detailed information on people's health needs and how these were to be met. This included clear guidance for staff on supporting people with their physical and mental health. For example, plans to support people with complex epilepsy and plans to support people to express their frustration were in place. They also contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. Staff were clear that when a person was admitted to hospital, a copy of the medicines record, their medicines and the hospital passport would be shared with hospital staff. Staff told us that some people did not particularly like hospitals and staff would support them during their stay with regular visits. This included making contact with the Learning Disability Liaison nurse based at the hospital.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals when required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. There were written records of the handover so staff could keep up to date if they had been off for a few days.

On day one of our inspection we observed a handover. This involved staff at the end of their shift handing information to those just coming in. The team leader starting their shift ensured each staff member knew who they were providing care and support to. They reviewed the planned allocations and made a change as suggested by staff to enable them to respond to people's support needs.

People were supported on a regular basis to go out in the community and participate in meaningful activities. The service had one large minibus that had been adapted to meet people's needs. In addition, two people had their own mobility cars. During our inspection we saw each person was supported with individual activities. These included, swimming, visiting family, and going out for lunch, sports events, music concerts, shopping, cooking and other household chores. Records were kept of activities, detailing what had gone well and not so well. Staff explained that this helped them to learn what people enjoyed and helped in planning future activities. Planning was taking place with people to arrange individual holidays. One person was planning to go to Ireland to visit family with the support of three staff. Another person delivered papers for local businesses each Sunday. This was paid employment. Staff told us they felt this gave them increased self-esteem and had assisted them to develop relationships in the local area. Six people regularly visited the local pub. The Deputy Manager had met with the manager of the pub to discuss adjustments so people could access the pub safely. This had meant potential or actual incidents were met with a more sympathetic and understanding response.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaints procedure was available in an easy read format. We saw two complaints had been recorded in 2016. These had been managed effectively and action taken as a result. Each person's care plan contained a profile on how they showed if they were unhappy. This including guidance on non-verbal signs people may use and changes in their behaviour that may be seen. We saw staff had noted when this had been the case and looked into possible reasons and causes. This had involved seeking advice from family members and other health and social care professionals. Staff had responded to concerns expressed by family members regarding weekend visits to the person's family home once every three weeks. To ensure the person and their families worries were minimised they had worked with the person and their family to develop a transition routine. This had proven successful and allowed for the person and their family to enjoy their time together.

Outstanding ☆

Is the service well-led?

Our findings

Throughout our inspection we saw a person centred culture and a commitment to providing high quality care and support. Staff clearly understood the values and culture of the service and, were able to explain them to us. Senior staff provided us with information requested promptly and relevant staff were made available to answer any questions we had. Whilst doing this they were careful to ensure the care and support provided to people was not affected. The registered manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

At the time of our inspection the service was managed by a registered manager who was supported by a deputy manager and six team leaders. Leadership and management tasks and activities had been delegated appropriately. Team leaders said their particular skills and abilities had been taken into account when this was done. They praised the registered manager and felt the management team was very effective. Feedback we received from health and social care professionals spoke positively about the management. One said, "I have worked with (Registered Manager's name) for many years and I do have confidence in her judgement, so that when she is worried about a situation, the team respond quickly. She does inspire confidence in her staff team and residents respect her. I have also noticed that some staff have worked at the unit for many years so this must be a good team to work in. I am also increasingly impressed with the skills of her new deputy manager (Deputy's name). Obviously things are not perfect but we are able to talk about things openly together".

The management team were experienced and had received appropriate management training and advanced training in positive behavioural support. All members of the management team had attended the Trust's leadership and management programme. This programme is mapped to the Leadership Qualities Framework devised by The National Skills Academy for Social Care. The registered manager told us the programme was program designed to promote a supportive, learning, mentoring and coaching culture and management. In their PIR the registered manager had noted, 'The home has been successful in nurturing new managers and two ex-team leaders are now successfully managing their own services, allowing for promotion and development opportunities for the rest of the team, this visible progression is celebrated and has a positive impact'. This was reinforced by team leaders and other staff. They recognised and praised the registered manager's ability to inspire, motivate, role model and develop the skills of others. Comments from staff included; "(Registered Managers name) works alongside us and supports us in difficult situations", "Senior staff are all open and honest with us" and, "The service is well managed, staff are matched well with people and the manager listens".

Staffing was organised in a manner that ensured positive outcomes for people. For example, people received two to one support when they needed it to engage in social and leisure activities. One person who received targeted support was being supported to decrease this in order to increase their independence. This was underpinned by the person being able to access the core staffing available throughout the day and night. As a result of the high staffing levels the staff team was exceptionally large for a seven person service. This required robust management support, provided by a team of six team leaders and a deputy manager as well as the registered manager.

The staff team were highly trained and, a high priority was placed upon providing Positive Behavioural Support (PBS) training. PBS is widely recognised as an effective way of supporting people who display, or are at risk of displaying, behaviour which challenges services. All staff received a three day course in PBS before they supported people. Staff received up to four refresher sessions a year, and one of these was an assessment of competence in using PBS. All staff were familiar with the language and methodology of PBS and, contributed to behavioural assessment, analysis, planning and review. Seventeen staff had completed or were working towards an advanced accredited PBS course. This was a BTEC Advanced Certificate in Positive Behavioural Support developed by a health trust and accredited through a University; the certification is also recognised by the British Institute for Learning Disabilities (BILD). The registered manager reported to us they had received praise from local psychiatrists for the quality of recording and graphing of behavioural incidents and felt this had directly led to increased funding for some people. Senior staff from the service had run a workshop at an event run by the pan-Avon PBS network. This group is a coalition of providers and practitioners involved in implementing Positive Behavioural support (PBS). This showed the service was contributing to best practice in the care and support of people with complex needs.

People clearly enjoyed the company of the registered manager and senior staff and were able to talk to them, or spend time with them, when they wanted. People benefitted from receiving a service that was well organised and managed effectively. A clear management structure was in place. Job descriptions for each role were clear and staff understood their own and others roles and responsibilities. A senior manager regularly visited the service. The registered manager said they were able to contact them whenever they needed to. The provider also had senior staff based at their head office to provide advice on the management of the service including, finance, personnel, quality assurance and user involvement. An on call system was in place for staff to access advice and support if the manager was not present. This allowed staff access to a senior manager at all times for advice and support. Staff confirmed they were able to contact a senior person when needed. Experienced care staff were responsible for the service when the manager or other senior staff were not present.

The service has a track record of being an excellent role model, actively seeking and acting on the views of others through creative and innovative methods. One example of this health and social care professionals approaching the registered manager and provider to provide a service to a person with complex needs, including epilepsy and behavioural management. Staff, although unable to provide the regulated activity of accommodation, worked positively with professionals to design a bespoke support package in their own home and, to assist them to access other services. Close communication was maintained by staff allowing for challenges to be identified and resolved. As a result the person was prevented from experiencing a crisis in their life and enabled to access services and opportunities to enable them to live a full and valued life. This showed they had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always act upon. Feedback from stakeholders regarding this was very positive and recognised how this had been put together quick, involved highly skilled staff and was effectively managed.

People benefitted from receiving a service that was continually seeking to improve. The provider had in place an operational plan for 2016/2017. The registered manager said this plan was drawn up from feedback received, the findings of internal monitoring systems and the providers longer term strategic plan. The plan detailed the areas they were planning to improve the service and the action they were going to take.

The provider used easy read questionnaires to seek feedback from people using the service and, had systems in place to gain feedback from relatives and professionals. Feedback received was collated and analysed. Feedback requiring action was dealt with through care reviews if it related to individuals or, built into the quality improvement plan if it related to the service.

Regular staff meetings were held. The most recent occurred on 4 July 2016. This had included a training session on Makaton. Which is a communication system using signs, symbols and speech. Some people used this and staff told us the refresher training at the meeting had allowed them to brush up on their skills. The same meeting had also focussed on problem solving how to support people better when out in public areas. Staff said they appreciated and found these meetings helpful. Comments included; "Staff meetings are good, there's obviously business to go through, but priority is always given to the people we support and how we can improve what we do" and, "Staff meetings are a chance for us all to have a say and learn and develop".

A comprehensive staff survey was carried out in 2015. We saw the results were very positive with 100% of staff stating they understood the performance standards expected of them and, 95% stating the provider's values were put into practice at the service. .Areas identified as not so positive had been acted upon. For example a senior manager had attended a staff meeting to discuss internal communication within the Trust and, a staff forum was established to improve communication.

Talking with staff and observing their interaction with people it was evident their morale was high. Staff attendance figures kept by the provider also indicated this was the case. For example the staff absence statistics for Mayo House for July 2016 was 1.4%. This compared favourably to the average statistics across the provider's services for the same period of 5.29%. This was particularly commendable given the complex needs of people and, meant they were able to receive consistent care and support from staff who knew them well.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits carried out in each house by senior staff. Audits completed included medicines management, health and safety, financial audits and care records. A monthly 'manager self-assessment' was also completed. This was based upon CQC's key lines of enquiry and asked if the service was safe, effective, caring, responsive and well-led. These audits were carried out as scheduled and corrective action had been taken when identified. The provider's chief executive carried out regular visits to the service. The registered manager said they spent time talking to people during these visits.

Accidents, incidents and any complaints received or safeguarding concerns made were followed up to ensure appropriate action had been taken. The manager analysed these to identify any changes required as a result and any emerging trends. The registered manager also oversaw a critical incident review process. This was triggered following any serious incident at the service. The process recognised that people and staff may suffer trauma as a result of such events. They had introduced an initial post incident support debrief session, following which a critical incident review was carried out. A recent example occurred following a person being supported to go the local theatre and becoming distressed during the performance. The critical incident review resulted in changes to the person's behavioural support plan after identifying what specifically they found difficult and, clear recognition that with the right support such an activity should be tried again. The registered manager clarified in writing after our inspection that such an approach as well as improving the service provided to people, 'Ensures that staff are valued and have an influence on the shared learning, risk management and subsequent changes that arise from incident's'.

The service worked with the local University to provide placements for students studying to be registered nurses for people with learning disabilities. Key senior staff with the appropriate professional qualifications acted as supervisors for students. We were able to speak with a former student who told us the placement had been an excellent learning opportunity. They stressed this was because of both the complex nature of the service and also how well it was led and managed.

The registered manager explained they intended for themselves and other members of the management team, to become involved in strategic planning for the provider and support their role in the National Provider Delivery Taskforce working with NHS England to reduce hospital admissions for people with complex learning disabilities.

As a consequence of the work done with a non-profit organisation working to combat racism and inequality, the provider had arranged for additional support for staff as well as education for people using their services. This meant staff had access to specialist counselling support. Two members of staff were involved with a steering group tasked with rolling this work out across Milestones Trust.

Milestones Trust operates an awards scheme for staff called, 'The Extra Mile awards'. The registered manager told us these are given to staff who contribute something extra to the benefit of people. Two staff supporting people using the service had received awards in the previous two years. One was for creativity and their citation read; '(X) has been a strong creative force in Mayo House. He has designed and implemented individual designs for many service users' flats decorating a service user's walls in an attractive way as his preferences were to have very few items/furnishings in his flat. The end result was a welcoming and homely flat even though it has very little furniture in it'. The second was for customer service and read' '(A and B) supported a service user to hospital in very difficult circumstances. They gave large amounts of their personal time and energy to ensure hospital visits were a success for this person. It meant that the individual had two people with him who he trusted and knew well in what was a very distressing and anxiety inducing experience. Their expert care enabled the least restrictive and most caring approach to be taken for the person'. This as well as further evidencing the positive impact of staff care and support, shows the provider recognised and commended their staff for' going the extra mile'.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

At the end of day 2 of our inspection we provided feedback on what we had found up to that point. We gave feedback to the registered manager and the provider's assistant director of operations. The feedback was received positively with clarification sought where necessary. There was a willingness to listen, reflect and learn in order to further improve the service provided to people. This gave us confidence the service would continue to improve and be able to sustain and build upon the good and outstanding aspects of the service.