

## Resolve (Care Northern) Limited

# Resolve

### Inspection report






Low House  
Binchester Lane Ends  
Bishop Auckland  
DL14 8AW  
Tel: 01388 458128

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#### Ratings

### Overall rating for this service

Outstanding 

Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

#### Overall summary

This inspection took place on 24th and 25th November 2014 and was unannounced. Low House provides care and accommodation for up to seven people. The home specialises in the care of people who have a forensic learning disability and supported men with a range of criminal offences. Some people who used the service were detained under the Mental Health Act 1983.

On the day of our inspection there were a total of six people using the service.

The home had a registered manager in place. 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.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a very friendly and respectful manner. One person told us, "I love living here, I feel very safe and I don't want to leave." Another said, "For the first time in my life I feel safe."

# Summary of findings

The six staff we spoke with described the management of the home as open and approachable. Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager on duty.

People had their psychological and mental health needs monitored. There were regular reviews of people's health and the service responded to people's changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

People said staff were, "Great" and "mint". On three recent surveys we saw a professional reported that the service was "focused on providing a person-centred care and it achieved great results."

A clinician quoted, "This is an impressive provider that delivers an excellent service." Another quoted, "People are involved in decisions, and there is a good range of activities and educational opportunities. The ethos of care is very positive."

We saw people's care plans were very person centred and clearly described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for people who used the service to understand by using of lots of pictures and symbols. We saw lots of evidence to demonstrate that people were involved in all aspects of their care plans. For example, one person told us, "I help my key worker to keep mine up to date and I am always fully involved when I have my review meeting with my consultant and social worker."

All staff we spoke with said they received appropriate training, good support and regular supervision. We saw records to support this.

Staff had received training in how to recognise and report abuse. We spoke with four staff and all were clear about how to report any concerns. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected.

Throughout both days we saw staff interacting with people in a very caring and professional way.

We noted that throughout the day when staff offered support to people they always respected their wishes. For example, during lunch, everyone was asked what they would like to eat and were offered various choices for people to choose from.

We saw activities were personalised for each person. People also made suggestions about activities and outings during house meetings. Where necessary additional staff were provided to enable people to access community facilities appropriate to their ages and abilities.

All people received one to one support for their health, personal care and support needs, and this enabled regular community support on a daily basis. For example, work placements, education and leisure. On the day of our inspection, two people were escorted to go football training and others were working in the gardens.

People received a wholesome and balanced diet in pleasant surroundings and at times convenient to them.

We saw the provider had policies and procedures for dealing with medicines and these were adhered to.

The provider had an effective pictorial complaints procedure which people felt they were able to use.

We saw people who used the service were supported and protected by the provider's recruitment policy and practices.

The home was immaculately clean and well maintained, and equipment used was regularly serviced.

The provider had a quality assurance system in place, which was based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were enough skilled and experienced staff to support them inside and outside the home. Staff we spoke with had a good understanding of how to recognise and report any concerns and the home responded appropriately to allegations of abuse.

There were risk management procedures in place to minimise restrictions on people's freedom, choice and control. There were robust checks in place to make sure that staff were appropriately recruited. People received their medicines in line with the provider's medication policies and procedures. All medicines were stored, administered and disposed of safely.

The standard of cleanliness and hygiene protected people against the risk of infections.

Good



### Is the service effective?

The service was effective. We found people received effective care and support to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people. People could see health and social care professionals to make sure they received appropriate care and treatment when needed.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Outstanding



### Is the service caring?

The service was caring. People were supported by caring staff who respected their privacy and dignity. Staff spoke with people and supported them in a very caring, respectful and friendly manner.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

People were able to set their own goals about what they wanted to achieve whilst at the service. Regular meetings were held with staff to discuss people's progress and any additional support they required.

Good



### Is the service responsive?

The service was responsive. People were supported by very caring staff who respected their privacy and dignity.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

External professionals involved with people's care said that staff were attentive and caring towards people who lived there.

Good



# Summary of findings

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure that was written in a clear format that made it easily understandable to everyone who lived at the home.

## **Is the service well-led?**

The service was well led. The home had a registered manager who understood the responsibilities of their role.

People received care and support which was personalised to their wishes, preferences and responsive to their individual needs. The service was well led because the provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

People who used the service, told us, “It’s well run” and “they work hard”.

Staff we spoke with told us the manager was approachable and they felt supported in their role.

**Outstanding**



# Resolve

## 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 checked 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.

The inspection took place on 24th and 25th November 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector. The inspection also included a specialist advisor. This is a person who had professional experience of caring for someone who used this type of care service. Their area of expertise is with people with learning disability care needs.

Before we visited the home we checked the information that we held about this location and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 04/08/2013.

We also reviewed three people's care records, staff training and recruitment records, and records relating to the management of the service such as audits, surveys and policies.

We spoke with six people who used the service and six staff. We also spoke with the registered manager.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including social workers, healthwatch and commissioners. No concerns were raised by any of these professionals.

We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

The manager said that their philosophy was to achieve positive outcomes for people by using a therapeutic approach and to work effectively in partnership with other specialist health and social care professionals to promote people's independence and keep people safe.

People who lived at Low House were safe because the service had arrangements in place to reduce the likelihood of risk from abuse and avoidable harm. Everyone without exception told us they felt safe living at Low House. People told us they trusted the staff. One person said, "For the first time in my life I feel safe and secure, I feel protected living here. I have nothing to make me worry anymore." Another said, "It's mint here, I have stopped having panic attacks because I know I am now safe. I no longer have to live with the fear of being abused or of offending again."

There was a calm, relaxed and welcoming atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. We saw people were very relaxed in the company of the staff, and there was lots of laughter and friendly banter between them.

Staff showed empathy and had an enabling attitude that encouraged people to challenge themselves through structured activities, while still recognising and respecting people's lifestyle choices. There was a transparent and open culture that encouraged creative thinking in relation to people's safety. For example, the service had an individual contract with each person that stipulated detailed boundaries and their terms and conditions in relation to their safety. These had been agreed and signed by each person who used the service.

The service used imaginative ways to manage risk and keep people safe, everyone who used the service received one to one support and they had been involved in all risk taking decisions, while still making sure that they had a full and meaningful life through work placements, education and community involvement. The service actively sought out new technology and solutions to make sure people remained safe and that practices were as free from restrictions as possible, for example, external doors could only be opened by fingertip scan technology. This was deactivated in the event of a fire alarm sounding.

The manager told us "Positive risk taking was encouraged." Staff confirmed they were familiar with the risks that people presented and knew what steps needed to be taken to manage them.

People were supported to take everyday risks. We saw that people moved freely around the home, but only under supervision in the garden. We saw people were able to make choices about how and where to spend their time.

The provider had policies and procedures in place for recognising and reporting abuse. There was also a copy of the local authority's safeguarding policy and a policy in pictorial format for people who lived at the home. This ensured everyone had information about what may constitute abuse and how to report it.

Five staff we spoke with were aware of their responsibilities in relation to safeguarding. They were able to describe to us the different types of abuse and what might indicate that abuse was taking place. We saw records which showed us that staff were trained in safeguarding as part of their essential training and that there was a detailed safeguarding policy in place which guided staff on any action that needed to be taken. The manager and two deputy managers were very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

Where people were at risk of self-injury, harm and challenging behaviour, we saw there were very robust systems in place to record their behaviour, including the use of positive behaviour. These behaviour records could be accessed remotely by other clinical staff, for example, the forensic psychiatrist and psychologist, who supported staff at the service to manage and monitor people's well-being and their behaviour. Care records included information for staff on how to respond to people's behaviour. For example, we saw a behaviour support plan that provided very detailed information about one person's behaviour, the triggers that might result in challenging behaviour and steps to take to minimise or prevent this. There were clear risk management assessment plans in place that illustrated strategies to be followed. For example, how verbal or physical aggression towards other people or objects should be handled to keep other people and themselves safe.

When asked about restraint, we were told that staff had been trained in breakaway techniques but had never had

## Is the service safe?

to use these as they used various diversion tactics related to each person and if this failed they then contacted the police for assistance. These procedures were understood, acknowledged and agreed by people who used the service.

Care records included risk assessments based on people's personal living areas as well as communal space and their daily routines. These risk assessments clearly described the action that needed to be taken in order to mitigate the risk and support people safely.

We saw evidence that a thorough investigation had been carried out by the provider in response to an allegation made by a person who used the service against another person who also used the service. The provider had informed CQC, the police and the local authority safeguarding team of the allegation and worked closely with them, and other appropriate professionals, to make sure people who lived at the service were protected. The service had taken action to address the issues that were raised by the investigation. This demonstrated that the provider took allegations seriously and took action to make sure people were protected.

We found there was a culture of learning from such events and an open approach. The service managed incidents, accidents and safeguarding concerns promptly, and investigations were always thorough. This meant the service had a proactive approach to respecting people's human rights and diversity and this reduced discrimination that may lead to psychological harm. This was confirmed when we spoke with people who used the service. One person said, "I was discriminated, bullied and abused for most of my life and I did some stupid things. Since I came to live here, I feel valued and respected. I no longer feel exploited. I now have self-confidence and all the support that I need. For the first time in my life I am now safe and treated well."

The manager showed us the staffing rota. This showed us that there were between seven and eight staff on duty each day to support six people. This ensured each person received one to one support across the day, with additional support available from the manager and deputy manager if needed. We saw that the staff team consisted of qualified

social workers, experienced support workers, registered learning disability nurses and an occupational therapist. During the night, we saw there were two waking night staff with one person on sleep in duty.

The manager told us, kindness, respect, compassion, dignity in care and empowerment were just some of the key principles on how the service recruited, trained and supported its staff. For example, we saw a personality profile was completed by all applicants as part of the recruitment process. The manager said this provided essential information about people's character and making sure they select the right people.

We saw robust recruitment and selection processes were in place. We looked at the files for four of the most recent staff to be employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had also been obtained. As part of the staff recruitment process, people who used the service assisted the manager to select candidates for interview. During the interview process, candidates were always introduced to all people who lived there, and people's views were always considered before selecting any new staff.

The home had an efficient medication policy supported by procedures linked to NICE guidelines, which staff understood and followed. When we checked the medication records, we found these were fully completed, contained required entries and were signed. We saw there were management audits to monitor safe practices.

We saw the home had procedures and clear guidelines about managing infection control. There was an infection control lead who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. Our inspection of the building showed a safe environment in which to care and support people. All areas were immaculately clean, tastefully furnished and decorated to a very high standard.





# Is the service effective?

## Our findings

We saw a copy of the provider's annual training plan. Mandatory training included moving and handling, first aid, fire safety, medication awareness, adult protection (safeguarding), infection control, health and safety and food hygiene.

We looked at the training records for four members of staff and saw certificates, which showed that mandatory training was up to date. The manager showed us the electronic training matrix, which was colour coded to show when training was due. This avoided any training becoming overdue.

We spoke with five new employees who worked in the organisation's sister home that was recently registered with CQC. They were spending the day at Low House as part of their induction training. They told us this had been the best induction training they had ever received for any job. They said it was very detailed, thought provoking and thorough. They said the training covered several weeks, and during this time there was a buddy system in place that they found invaluable. They said the main focus of their training was on improving outcomes for people through compassion, respect, dignity and valuing people by using a person centred approach. Two people said, "This is the best job I have ever had." All said the manager/owners were both hands on and had a wealth of knowledge and skills and had provided tremendous support during their induction.

We saw the service had a very innovative and creative way of providing training and development opportunities for people who used the service. They did this by supporting people to enrol on the 'John Muir Award Scheme'. This is a year-long award in community conservation. This is delivered in the local community by qualified instructors. Five people who used the service were part of this scheme. In addition to this, Resolve is a registered educational provider delivering a qualification in 'Skills for Employment, Training and Development'. This provided people with an opportunity to obtain training during their stay to diploma level three.

We saw each person who used the service kept their own training portfolio up to date. Two people told us how

fantastic this scheme was. One person said, "I am so proud of myself, I now have real training certificates which I have had framed. I never thought I would ever have an opportunity like this."

We saw each member of staff received six supervisions per year. We checked four members of staff's records and saw supervisions had been carried out and recorded. The manager showed us a copy of the appraisals plan for 2014. Staff appraisals were carried out at different times of the year and for those that had been completed we saw they included comments by the member of staff and the supervisor on what had been achieved since their previous appraisal, what should be done next and a training needs analysis.

We saw in the care records that consent was obtained for photographs and the sharing of information. All of these records were signed by the person using the service. The deputy manager told us that the new electronic care plans recently introduced will include an electronic signature for people who used the service so that they can be signed by them.

The new system will be linked to people's forensic psychiatrist within the NHS mental health team. This means that people's health and well-being can be monitored closely and any changes identified, and treated without delay.

All people who used the service attended a menu planning meeting held every Sunday. The purpose was to decide on the following week's menus, food shopping and a rota for preparation and cooking of the meals. Five people spend a day each in the kitchen helping to prepare and cook meals with support from staff. We saw there was an emphasis on healthy eating. One person told us he had lost five stones in weight during the last 18 months, and another said he had lost two stones during the last 12 months. Everyone told us that the food was always good with a range of choices always available. People told us they really enjoyed cooking and how these were new skills that they had developed. One person told us, "We all know about good food hygiene and I now have a food hygiene certificate. We always wear the right protective equipment and we always wash our hands properly between each job."

People confirmed that they had access to the kitchen at any time to access snacks and drinks. One person told us





## Is the service effective?

they often had themed evenings; they said, “We recently had a Halloween night and we all helped to make pumpkin soup. We also had a Caribbean night and we prepared non-alcoholic pina-colada drinks and Caribbean dishes.”

We were told that no one using the service had any nutritional health care needs. Should this change, staff told us they would seek advice from health care and dietetic professionals to ensure people’s individualised assessed needs were met.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that

people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager, who told us they had considered the impact of the recent Supreme Court decision about how to judge whether a person might be deprived of their liberty. The manager told us because of the service provision; four people were currently detained under the Mental Health Act 1983 and these were kept under review with specialist forensic health officials. Five DoLS authorisation applications had been submitted and approved by the supervisory body. We saw records of these applications in people’s care records and also saw that notifications of the applications had been submitted to CQC.

# Is the service caring?

## Our findings

One person using the service told us, "The staff are all mint. I am very settled here, I get amazing support."

We spoke with all six people who lived in the home about how staff treated and supported them. They told us the staff were very caring, considerate and kind. Two people told us they loved living there. One said, "This is the first real home I have ever had. I have spent most of life in a mental hospital, this is like paradise." Another said, "I am getting on a bit now and haven't been very well, they all look after me very well. I never want to leave here, I feel very safe."

We found the service was caring and people were treated with dignity and respect and were listened to. We spent time observing people in the lounge, dining area and the garden throughout the day. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and recognised and valued them as individuals. We saw and heard staff speaking and interacting in a friendly manner and they took time to listen and respond to people appropriately.

Staff told us they enjoyed their work and were positive about the support they received from the manager. They said the emphasis was to make sure people who used the service were always supported to exercise choice, and control over their lives. They said they cared greatly about the people who used the service and saw this as a platform to help equip people with the skills they needed to lead more independent lives and to move eventually onto a less intensive environment.

The manager told us, all people managed their own personal financial affairs. One person who used the service was the 'house secretary' and he took charge of the home's petty cash by keeping a record of all transactions, receipts and cash balance.

The manager told us people who used the service were fully supported to lead their lives, that embraced inclusion, being visible and part of the community, integrating into the wider mainstream provision, achieving health improvements and developing their life skills, education and leisure. For example, within Low House there was a structured day service timetable. This involved activities

such as gardening, woodwork, brick-laying, car maintenance, as well as crafts and cooking skills. We saw all staff employed within the day service had the skills to support people in all of these areas.

We spoke with two people who were working in the garden. They said they were planting enough vegetable seeds so they would be self-sufficient next year. They explained how they were re-designing the garden to create larger vegetable plots, and about their plan to try and stop rabbits from getting to the crops. They showed us the large piles of sandstones they were going use to erect a dry stone wall to try and keep them out. One person said, "This will be a new skill that I am looking forward to . Earlier this year we built the patio and gazebo from scratch and last year we built the summerhouse."

The care plans were centred on the person as an individual. We saw that people's preferences and views were reflected, such as the name they preferred to be called and personal care preferences such as, "I like to have a shower every day and just a snack for breakfast." We saw each person had a personal profile plan in place which detailed their own specific way of aiding their independent living skills, and how staff should support them in this. We saw staff effectively put this into practice when communicating and supporting people throughout the day. We saw that people were involved in all parts of its planning and delivery.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans.

People told us they kept a memory book in their rooms and a social diary of events and activities they were involved with. They said they had access to their care records whenever they wanted, or if they wanted to make any amendments to these.

We saw that people using the service were actively involved in the running of the home, including the recruitment of staff, menu planning, petty cash management, outings, holidays, supervised leave, family visits, work placement and education. People told us they sometimes disagreed about certain decisions, but these were usually resolved easily.

People who used the service, those that matter to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff. A

## Is the service caring?

clinician quoted, “This is an impressive provider that delivers an excellent service.” Another quoted, “People are involved in decisions, and there is a good range of activities and educational opportunities. The ethos of care is very positive.”

We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. People told us, “I wouldn’t change anything here” and “the manager and staff are always there when you need them; it’s like a proper home here”.

# Is the service responsive?

## Our findings

Everyone who lived at Low House received care and support that was extremely personalised to their individual needs, wishes and aspirations. Each person had a care and support plan in place.

We looked at three care plans in detail and saw they were extremely person centred to the individual and provided clear information to staff about how to meet people's needs in the way that they preferred. Each section of the care plans were relevant to the person and where necessary these were linked to very specific and detailed risk assessments. We saw each section of people's plans had been signed by the individual. Care plans also contained information about people's preferred daily routines. This meant staff knew about people's preferences and choices. Two people told us they did not have to stick rigidly to their routines as they were quite flexible. One person said, "Tomorrow I'm going to the conservation project to help out with the tidy up of the Commonwealth war graves, it's a really good cause that I am proud to be part of."

The care plans were easy to read and used pictures to make them understandable and meaningful to people. We saw evidence they had been created and agreed with the person using the service. The deputy manager told us that people were also involved in regular three and six monthly reviews of their care. One person told us "I have a review with my care manager and my consultant and they always listen to what I have to say." I see my consultant quite often and she keeps me right."

The deputy manager told us that the new electronic care plans recently introduced will include an electronic signature for people who used the service so that they can be signed by them.

They also explained how the new system will be linked to people's forensic psychiatrist within the NHS mental health team. This means that people's conditions can be monitored very closely and any changes identified, and treated without delay. They explained this was in line with the Freedom of Information Act 2000 and the Data Protection Act 1998. We also saw how pictures, symbols, images and slides could be inserted into the care records to help people to fully understand their content.

We saw restrictions were minimised so that people felt safe but also had the most possible freedom regardless of their mental health or other needs. Staff gave people information about risks and actively supported them in their choices so they had as much control and independence as possible. Risk assessments were proportionate and centred around the needs of the person. The service regularly reviewed them with other health care professionals and took note of equality and human rights legislation. We saw there were strategies to make sure that risks were known, anticipated, identified and managed. People who used the service told us they were fully involved and understood the risk strategies.

There was a formal complaints procedure which everyone had a copy of; this was also in a document called the service user guide. This was in pictures and signs to make sure everyone understood its content. Everyone we spoke with knew about the complaints procedure. One person said, "I always tell the staff if I have any complaints or concerns." Others said, they had nothing to complain about, but if they did they would tell their key worker or the manager.

We saw complaints were always discussed in house meetings that were held each week. People were reassured that it was ok to voice any complaints or raise concerns either collectively or in private. The service looked upon concerns and complaints as part of driving improvement. People's feedback was valued and when we spoke with people they felt that responses to any matters they might raise would be dealt with in an open, transparent and honest way. Investigations were comprehensive and the service used innovative ways of looking into concerns raised, including other professionals external to the service to make sure of an independent and objective approach. For example, we saw that the service had recently canvassed 33 stakeholders asking 25 questions about the service, including any concerns about how people were treated and looked after. 76% responded and no one expressed any concerns about people's care and well-fare.

We saw that people had a range of equipment in their rooms, such as CDs, videos and a TV to enable them to occupy their time in private. People showed us how they had decorated their bedrooms to their own taste. They said

## Is the service responsive?

they had a choice of what to do, including not joining in with organised activities or outings. One person said, “Sometimes I just like to watch TV or listen to my music very loudly.”

We saw staff supported people to maintain contact with friends and family as far as possible. This included accompanying people to visit family members. This was always under supervision and sometimes in a neutral location and by providing transport for people to take part in evening activities with each other or with friends. One person told us, “For the first time in years, I am meeting up with my family this Christmas. The staff supported me with all the arrangements. It’s the best present ever.”

People said they also took part in day to day activities such as helping with cooking, laundry and some light housework chores. One person said, “I like to help by preparing the vegetables and setting the dining table. Other people told us they helped by keeping their rooms tidy and sometimes washing up after meals. One person said, “I have learned so much since coming here, I was never allowed to be independent before I came here, I had no skills at all, people just told me to do things but they never showed me how to do things properly.”

We saw people were able to take part in a range of activities inside and outside the home and according to their interests and preferences. One person told us they enjoyed working outside in the garden.

People told us about social clubs and events they attended and one person told us about a forthcoming Christmas party they were going to. They said, “It’s a great venue and we always have a fantastic time.”

Another told us about the football team that he and another resident played for. They said, “We are top of our league and heading for promotion next season. We also practice twice a week.”

Professionals visiting the service said it is focused on providing a person-centred care and it achieved great results. The manager told us on-going improvement is seen as essential, he said, “As a service we strive to be innovative in providing person centred care based on best practice.” For example, Resolve is part of a new initiative run by Durham University and Durham County Council which aims to use physical activity to promote mental and emotional health. Two staff from Resolve are on the steering group and will be involved in the development of the initiative

over the next two years. Some of the activities include; boxercise, Zumba, rowing and athletics. Each activity runs in six week blocks allowing people to get a true experience of each activity. As part of this initiative, one person was also working as a volunteer dog walker.

We saw the service was flexible and responsive to people’s individual needs and preferences, finding creative ways to enable people to live as full a life as possible. For example, the service had established good working links with Bishop Auckland College. All people have had the opportunity to attend a functional skills assessment in literacy and numeracy to identify the level of support they need and to inform the compilation of an individualised learning plan tailored to meet their needs and develops their skills.

The arrangements for social activities, and where appropriate education and work, were innovative in meeting people’s individual needs. For example, Resolve Care is a registered Centre of Excellence to provide a qualification in ‘Personal Progression to employment’. This provided people with a nationally recognised qualification from certificate to diploma level. It involved further community access to promote social inclusion and enhance people’s life skills. We saw each person had their own training portfolio to record their learning and their evidence for their award.

The service takes a key role in the local community and is actively involved in building further links. People who used the service were encouraged and supported to engage with services and events outside of the service. Input from other services and support networks were encouraged and sustained. For example, the manager told us that the service had also signed up for a 20 week training programme run by Sunderland Football Club.

People also told us about the voluntary work that they were involved with. This included two people who worked in the community furniture project and delivery service. Two others work within the local church and gardens helping to maintain the gardens and helping to clean the church hall. Three others worked in a day centre helping with activities and setting up tables for the luncheon club. The manager said, “It is hoped through participation in this project that people will develop work place skills such as time keeping, working to policies and procedures and team work which will be beneficial to them in the future should they seek paid employment.” They said, we can see people’s

## Is the service responsive?

confidence growing and their self-esteem and they recognised themselves that they were making a difference, and they were certainly receiving positive feedback from people in the community.

The manager showed us a letter of thanks from Durham County Council's Countryside Ranger for all the hard work people at Resolve had contributed in maintaining the countryside.

We saw all bedrooms were spacious and highly personalised; five had en-suite facilities. Two people

showed us photographs of their holiday in Blackpool this year and a visit to the live 'Top Gear' show in Edinburgh. People told us they really enjoyed the activities, work placements and educational opportunities that they were involved with.

People we spoke with said, "There's nothing to complain about especially in a place like this." One person said, "For the first time in my life I am happy, safe and no longer scared of anything."



# Is the service well-led?

## Our findings

At the time of our inspection the service had a Registered Manager who had been registered with the Care Quality Commission since February 2009. The registered manager is also the co-owner of the company.

The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service. The manager told us they completed weekly and monthly audits which included fire systems and maintenance logs. We saw a copy of the bi-monthly report for October 2014. This included information on how the service was performing and people's care and welfare. We saw a copy of the company's monthly report for health and safety and environmental reviews. If issues were identified, an action plan would be produced and actions were monitored monthly.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including social workers, healthwatch and commissioners. No concerns were raised by any of these professionals.

There is a strong emphasis on continually striving to improve. Managers recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. The service sustained outstanding practice and improvements over time and worked towards, and achieved, recognised quality accreditation schemes. For example, the service has recently worked with Cambridge University as part of their research into frenetic support for people with mental health and autism. The manager told us, the university had commissioned additional research specifically linked to the therapeutic practices deployed by Resolve whilst still acknowledging significant public safety issues.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. They strived for excellence through consultation, research and reflective practice. For

example, by following the Model of Human Occupation (Kielhofner 2008) and adoption of Total Attachment (Harbottle 2013). The latter is based on leadership and therapeutic practice in one.

Observations of interactions between the Registered Manager, staff and people who used the service showed they were inclusive and positive. All staff spoke of strong commitment to providing an excellent quality service for people living in the home. They told us the manager was hands on, approachable, supportive and they felt listened to. One member of staff said, "The manager is fantastic." They also said, "He and his partner were the backbone of the organisation; they cared about the staff, the service and their number one priority were the people who used the service."

The staff we spoke with said they felt the management team were supportive and very approachable, and that they would be confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff meetings were held every two weeks which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for October 2014 and discussion included people who used the service, health and safety, recruitment and staffing.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about others or the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas. For example, the service used 'thinking meetings' to enable all to raise or to explore dilemmas. Everyone was then invited to help find solutions. This approach was based on (Hammond's model of Appreciative Inquiry). The manager said this had helped with team cohesion.

We saw models of care included the values and principles of autism and all aspects of mental health. When we spoke with staff they had a good understanding of these and how these were linked to the aims and objectives of the service. They said they were empowering people who used the service by listening and responding to their views, ideas and comments. Through our observations and discussions





## Is the service well-led?

with staff, other stakeholders and people who used the service. We found that vision and values were imaginative and person-centred and made sure that people who lived there were at the heart of the service.

The Registered Manager told us they had an open door policy and people who used the service and their relatives were welcome to chat with them at any time.

Any accidents and incidents were monitored by the Registered Manager and the organisation to ensure any trends were identified. The manager confirmed there were no identifiable trends or patterns in the last 12 months. There had been one major safeguarding referral raised

within the last year. This involved the police, social services and mental health team. This was in relation to a person who had absconded from the service. This incident was appropriately resolved with the safe return of the person. The manager told us the police did a tremendous job and worked closely with the provider and whenever they visited the service, they wore plain clothes so other people who used the service didn't become anxious or upset.

We saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved people who used the service.