

Brighton and Hove City Council

Brighton & Hove City Council - 21 Ferndale Road

Inspection report

21 Ferndale Road
Hove
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Tel: 01273295292

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

The inspection took place on the 18 May 2018 and was announced.

21 Ferndale Road provides tailored support packages for two people with a learning disability or autistic spectrum disorder. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection two people were living in the service. People have their own bedroom and shared the communal facilities. The service is situated in a residential area with easy access to local amenities and transport links.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Observations, a relative and visiting health and social care professionals consistently told us how the service was exceptionally personalised to meet people's individual needs. Staff spoke with pride and passion about the way people were cared for. Management and staff continuously looked for ways to improve people's care so they received positive experiences and led fulfilling lives at the service. Staff had achieved a 'Gold' award for 'Total Communication Charter Standards,' which was an externally rated and reviewed award. The 'Total Communication Charter' is a set of 10 standards to help support people with learning disabilities and their carers to communicate as effectively as possible and is supported and followed by local statutory authorities in the city. This is the term used to describe the use of pictures, objects, signs, gestures and spoken word to enable people to express themselves and understand what is being said. Staff spoke of ways they had been creative and innovative to achieve and maintain this level of award and how they had supported staff from the other provider's services to achieve this award and work towards 'Gold' status. The registered manager told us, "Through the high standard of communication implemented in the service we supported the service users to communicate through speech, Makaton (A specific visual signing technique was used, as was pictorial representations), symbols and pictures." Staff from the providers other services working towards the award had also visited the service for ideas, support and guidance.

The culture of the service was open and inclusive and encouraged staff to see beyond each person's support needs. The provider had clear values which the registered manager and staff promoted. The registered manager showed outstanding drive and passion, ensuring the service was continually improving and striving to be outstanding, with people at the heart of the service.

Systems had been maintained to keep people safe. People remained protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had been developed. Staff told us they had received supervision, and continued to be supported to develop their skills and

knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Care staff had the knowledge and skills to provide the care and support that people needed.

Care and support provided was personalised and based on the identified needs of each person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had a good understanding of consent. A relative/advocate told us they were very happy with the care and support provided. People continued to be supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. People were supported to increase their independence and access a range of social activities.

The provider continued to have arrangements in place for the safe administration of medicines. People were supported to get their medicine safely when they needed it. People were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health. People were protected by the infection control procedures in place.

A relative/advocate, visiting health and social care professionals and staff told us the service continued to be well led. Staff told us the registered manager was always approachable and had an open door policy if they required some advice or needed to discuss something. One member of staff told us, "I love it here. We have done such a lot of work with (People's names) and they have come such a long way. I like what we do here. I like the support here. This place keeps me going. I enjoy getting stuck in here and we all help each other out." The registered manager carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided through reviews, tenants meetings and by using quality assurance questionnaires.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received exceptionally person-centred care from staff who knew each person very well, about their life history and what mattered to them. The level of care experienced promoted their health and wellbeing and enhanced their quality of life.

People's views were actively sought, listened to and acted on.

People were encouraged to socialise, pursue their hobbies and interests and try new things in a variety of inspiring and innovative ways.

Is the service well-led?

Good ●

The service remains Good

Brighton & Hove City Council - 21 Ferndale Road

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 18 May 2018 and was announced. We told the registered manager forty-eight hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection.

We previously carried out a comprehensive inspection on 5 February 2016 and rated the service 'Good' in all areas.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team to ask them about their experiences of the service provided and three visiting health and social care professionals and received three responses. We also contacted both people's relatives/advocates for their experiences of the service provided and received one response.

We spoke with people generally during the inspection. However, people could not fully communicate with us due to their conditions. We spent time observing how people were cared for and supported and their interactions with staff to understand their experience of living in the service. We spoke with two care staff, and the registered manager. We spent time looking at records, including both people's care and support

records, two staff recruitment files, staff training records, and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We observed the administration of medicines. We also 'pathway tracked' the care for both people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about people receiving care.

Is the service safe?

Our findings

A relative/advocate told us they felt the service was safe. They spoke of adequate staffing and of good continuity of staff providing care and support.

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. For example, people were supported if they wished to attend a range of social activities. To support people to be independent, risk assessments were undertaken. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff told us the provider was proactive and responsive in getting problems sorted out. Staff described how they had contributed to the risk assessments by providing feedback to the registered manager when they identified additional risks or if things had changed. The PIR detailed, 'The staff team are extremely experienced in the service and have good relationships with the service users. The service users have become more independent and some activities have changed from having two to one staff to one to one.' One member of staff told us about how they had been reviewing the support needs for people, "I brought up at a staff meeting did we always need two to one staffing (When out on activities.) We could redo the risk assessment. It's not set in stone and we are working with service users to be more independent." They went on to tell us about how some activities were now run one to one where previously two members of staff had been needed. Risks associated with the safety of the environment were identified and managed appropriately.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Procedures were in place to protect people from financial abuse.

Staff told us what was in place to support people who displayed behaviours that challenged others and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Care staff had the opportunity to discuss the best way to support people through regular reviews of peoples' care and support and from feedback, from the care staff in team meetings, as to what had worked well and not worked well. From this they could look at the approach staff had taken and identify any training issues. Records allowed care staff to capture any changes in behaviours or preferences and to be quickly responsive to these. These were reviewed on a regular basis, which reduced risk of further incidents and ensured learning, to provide a responsive service.

Procedures had been maintained for staff to respond to emergencies. Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

People continued to receive their medicines safely. Care staff were trained in the administration of medicines. They had received a regular competency check to ensure that they continued to administer medicines in a safe way and in accordance with the provider's policies and procedures. We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Regular auditing of medicine procedures had been maintained, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

People were protected by the infection control procedures in place. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these. At the last quality assurance survey, undertaken by people's family, both relatives commented the service was kept, 'Very clean,' and, 'It always seems comfortable and tidy when we visit.'

The registered manager had the support of the provider's human resources department when recruiting staff. They told us that all new staff would go through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. This included the completion of an application form, attending an interview and two written references and criminal records check being sought, prior to commencing work in the service. Records we viewed confirmed this.

There continued to be sufficient staff on duty to meet people's needs. The registered manager looked at the staff and skills mix needed on each shift, the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. The registered manager regularly worked in the service and so was able to monitor that the planned staffing level was adequate. Staff told us there were adequate numbers of staff on duty to meet people's care needs. There was a long serving, consistent staff team with regular bank staff and agency staff who had helped to provide cover for staff absences. One member of staff told us, "We tend to ask for someone who has been here before. It's a lot safer." Care staff also worked extra shifts or senior staff covered the rota when necessary. One member of staff told us, "The staffing levels have been maintained. We have been here a number of years. We are quite flexible as a team and swop shifts. We have a very supportive team."

Is the service effective?

Our findings

People had lived in the service for many years. Staff were skilled to meet people's care and support needs and continued to provide effective care. A relative/advocate told us that the staff were knowledgeable and kept them in touch with what was happening for people. We observed care staff interacting with the people and taking the time to meet their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. The registered manager was able to tell us about decisions made for one person in their 'Best interest' to support them with a medical procedure they had. We observed people were always asked for their consent before any care or support was provided. One member of staff told us, "its personal choice. We don't usually have any problems because they like what they do." The registered manager told us they were aware of the need to assess people's capacity to make decisions and talked with us about the applications, which had currently been made for restrictions on the liberty of people who did not have the capacity to agree to them, to be authorised by the court of protection. Care staff told us they had completed this training and all had a good understanding of what this meant for people.

Staff continued to undertake essential training to ensure they could meet people's care and support needs. Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care, and all had an NVQ Level 2 or Level 3. They told us they felt they had received the training they needed to meet people's care needs. They had received regular updates of training as required. One member of staff told us, "(Registered manager's name) is hot on training. I am up-to-date with training. I have some more training booked in June." Staff told us that the team continued to work well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers to share and update themselves of any changes in people's care. Staff all confirmed they felt very well supported by the registered manager. They had attended regular supervision meetings throughout the year and had completed a planned annual appraisal.

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called 'protected characteristics'. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be

protected. Staff told us they had been working on accessing more training and guidance in relation to transgender.

Staff continued to support people to maintain a healthy diet. Staff told us they continued to monitor what people ate and if there were concerns they would refer to appropriate services if required. People's dietary needs were recorded in their care plans. People were being supported with food shopping and menu planning.

People continued to be supported to maintain good health and had on-going healthcare support. Care staff monitored people's health and recorded their observations. People had been supported to attend an annual health care review. They liaised with health and social care professionals, involved in their care, if their health or support needs changed. People's needs had continued to be holistically assessed and care plans were based upon assessments of their needs and wishes.

The provider of the accommodation had not changed since the last inspection of the service. The registered manager told us general repair and maintenance requests had been fulfilled and worked well.

We recommend the provider consults with CQC, 'Registering the right support' document to ensure any planned or future alterations are in line with current guidance.

Is the service caring?

Our findings

A relative/advocate told us staff were consistently kind and caring. Observations on the day confirmed this. At the last quality assurance survey undertaken by people's family both relatives commented they were happy with the way staff spoke with them and their relative. One relative commented, 'We have always been happy with the way they talk to us and to him.'

Staff continued to demonstrate a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. Staff spoke warmly about the people they supported and provided care for. Staff demonstrated a good level of knowledge of the care needs of people and told us people had continued to be encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. Observations of people consistently told us they were happy and comfortable in the service. Where possible they and their relatives had been involved in drawing up their care plan and with any reviews that had taken place. Relatives told us they felt the care and support people had received helped them retain and develop their independence.

Staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People were observed to be able to do as they wanted throughout the day. They could choose what time they got up, when they went to bed and how and where to spend their day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. Staff had received training on privacy and dignity and this had been embedded into their practice.

Throughout the day, there was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people.

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and it was clear that people dressed in their own chosen style. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs.

Staff continued to encourage people to maintain relationships with their relatives. One member of staff told us, "We try to maintain friendships. Maintain links over the telephone." Visitors could come to the service at any reasonable time, and stay as long as they wished. People had also been supported to visit their relatives and advocates. A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. A relative/advocate told

us they were kept informed with what was happening in the service.

Peoples' equality and diversity continued to be respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling care staff to support people in a personalised way that was specific to their needs and preferences. One person had been supported to attend a local church. Staff told us of the work which had taken place to support this person to attend a church which suited their needs.

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all care staff. For people who wished to have additional support, whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager was aware of who they could contact, if people needed this support.

Is the service responsive?

Our findings

People, a relative/advocate and health and social care professionals consistently told us how the service was exceptionally personalised to meet people's individual needs. Staff spoke with pride and passion about the way people were cared for. The registered manager and staff went over and above and continuously looked for ways to improve people's care so they received positive experiences and led fulfilling lives at the service. People were supported to be as involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People were supported by staff with individual packages of care and support to develop their skills and increase their independence with the agreed goal that people were working towards. One member of staff told us, "We know them very well. It alleviates their anxiety. They have a set routine which works well for them. We have tried day care and college, but it has not worked for them."

People had benefited from a staff team who took account of their communication preferences and needs, and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs.

The provider had developed a policy and procedure and care staff were due to receive AIS training. There was an 'Inclusive communication charter' which was followed in the service. People's person-centred care plans contained details of the best way to communicate with them, and a Communication Passport had also been completed. These were specific to each person and helped staff members and anyone else they may interact with understand their communication needs. A few topics included in these documents were: who was important to them, their likes and dislikes, and how they communicated. These documents were also accessible to people in pictorial form. This enabled them to be fully involved in these documents. Information had been gathered from staff members, advocates and family members. Staff told us how asking those who knew the people well had resulted in a true representation of them and enabled staff to provide the best care and support for them. Information for people and their relatives/advocates could be created in a way to meet their needs in accessible formats, helping them understand the care available to them. One member of staff took the lead for inclusive communication. They had ensured people's communication needs had been identified to be the 'Communication Champion' for the service. The PIR detailed, 'A Communication Champion' has been appointed. The Champion discusses with the team in staff meetings any new projects or pieces of work that are implemented. Service users have regular communication sessions to help them develop in their speech and Makaton skills. This has improved a lot over the past couple of years.

At 21 Ferndale Road speech, Makaton, objects of reference, and communication boards and boxes were used to communicate with people. Staff had included weekly communication sessions on their individual day care programmes and people had learnt how to communicate their emotions and level of wellness. Staff used games, numbers, colours, puzzles, computer tablet, books etc. in the sessions. They had

encouraged people to express their wishes and make choices for themselves, and constantly explored different ways to communicate with people to promote independence and meet their needs and goals. One member of staff told us, "I have done this when we are out at the shops. I have 'Googled' images we can use to support the way we communicate, not just using the flash cards. Both people sign but we are encouraging them to speak. We are bringing signs and symbols to the staff meeting to use. If you don't use them you lose them." One person had communicated through the sessions using Makaton and pictures they wanted to go to church. Staff found a church they thought would be suitable with lots of singing and a band. They told us how they supported him every Sunday to go to church and how he was given a teddy bear when he arrived and greeted by familiar faces.

Staff had found creative ways to enable people to live life to the full and continued to do things they enjoyed. People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own bedroom. Fire evacuations were completed once a month with people. The number of evacuations completed were increased so people would become familiar with the procedure and therefore wouldn't feel anxious when the alarms went off. The PIR detailed, 'The service users are now confident in the procedure and when the alarms go off tell me (Registered manager) to leave the building. This has taken a long time and perseverance from the team.' Care staff told us how people had also been encouraged to be part of the regular checks completed on the vehicles used in the service. One member of staff described how a clipboard had been designed with pictures and thumbs up and down symbols used to help with the care checks. The PIR detailed, 'We try to include them and think out of the box. It's about keeping them involved and responsible.'

Staff went over and above in their encouragement and support with people to try new experiences and activities. People had been encouraged and supported to attend activities with their peer group. For example, one person had been supported to do an activity with one of their friends and they had been bowling. People enjoyed participating in a range of leisure activities. Each person had an individual day care programme that was monitored and reviewed regularly to ensure people's needs were met. Staff used a communication board using pictures and symbols to communicate what people would be doing that day. On the day of the inspection people were in and out during the day attending activities. One person was going out to play some football. One member of staff told us, "We go for a kick about. We have certain activities we can do one to one. He enjoys his football." People were supported to attend social activities in the community for example staff told us about a disco party people had been supported to attend, trips to the cinema, parties, Christmas coffee mornings, going to church, bowling, horse-riding, meals out, visits to coffee shops, visiting national trust sites, meeting friends and basketball etc. Another member of staff told us, "We do try new things with the guys." They went on to tell us how one person enjoyed horse riding so they had encouraged the second person to also have a go. At Christmas staff told us of the street party which was held and people were supported to buy some cakes and set up a cake stall outside the service. This enabled them to participate in the community with their neighbours and socialise. Both people had been supported to go on two holidays last year. Photographs were taken throughout the holiday and these had been used to create a pictorial memory which people continued to look at and discuss. Staff were discussing with people where they would like to go on holiday this year.

Staff were trained and focused with people living with a learning disability and who could become challenging with their behaviours. When asked what had changed since the last inspection staff told us there had been a lot of work completed to ensure people had increased choices to choose from, for example for activities and meal choices. People had been supported with more choice and new activities to join in. This had led to a reduction in the number of incidents in relation to people's behaviour. The registered manager told us, "Choices have increased. Making choices and decisions for themselves. We are always thinking of new ideas. We have a folder of pictures for all their choices of activities and meals. There is more

time for them to make their choices. There has been a decrease in challenging behaviour." A visiting health and social care professional told us people living at the service had been empowered to make decisions regarding their support. The service was very person centred with care staff knowing people's likes and dislikes well.

Since the last inspection 'Tenants meetings' had started to be held regularly. This enabled people to find out what was going on in the service and agree menu options for the next week and discuss anything they wanted/needed. We saw evidence of meeting minutes detailing what had been discussed. This respected and involved the people who lived at 21 Ferndale Road. One member of staff told us, "The service users have a weekly house meeting. Years ago, they would not have got the point. Now on a Sunday we sit with them and discuss with them what they would like to eat and what they would like to do." Another member of staff told us, "It's just about being creative really." People and their relatives /advocates were asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out. Feedback from the last survey in 2017 was that the relatives thought the service was safe and were happy with the care and support provided. We found the provider had maintained a process for people to give compliments and complaints, however, no formal complaints had been received since the last inspection.

Technology was used to support people with their care and support needs. A night time sensor was placed on the landing to alert a member of staff if a person left their room during the night. The Communication Champion was applying assistive technology to one person's communication support. This had resulted in buying a computer tablet for one person and enrolling the other person on a new scheme run by Brighton and Hove City libraries whereby they can use a computer tablet there. This was an innovative way to increase people's level of communication and access to communication methods and the local community.

Relatives/advocate confirmed staff kept in regular contact with them and also involved them in day to day decision making for people. Comprehensive personalised care plans were clearly laid out, up to date with daily notes and were regularly reviewed. Staff told us they accurately reflected people's current care needs, which helped them recognise changes in a person's physical or mental health. Work had continued to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences and care and support needs. Feedback from a relative and care staff was that information was regularly updated and reviewed. Staff told us communication was good when changes had occurred and they received information about any changes in people's care and support needs. At the last quality assurance survey undertaken by people's family one relative commented, 'We trust the staff to keep us informed when needed.'

The registered manager told us end of life care had not yet been provided in the service. Peoples' end of life care was starting to be discussed and planned through the review process to ensure people's wishes were recorded and respected. The registered manager told us, where possible, people would be able to remain at the service and supported until the end of their lives.

Staff knew people incredibly well and demonstrated a thorough understanding of their preferences and personalities. People continued to be supported to achieve life skills and progress towards these were recorded regularly. The service found creative ways to enable people to live life to the full and continued to do things they enjoyed. People were encouraged to personalise their own rooms. The PIR detailed, 'We have decorated the service user's bedrooms so they can have 'time out' to calm down and space when needed. The service users have had a lot of input and feel this is a nice, safe place to go when feeling anxious. One of the service user's loves buses. We have had a bed made for him of a bus with him on the front of the bus driving it. The other service user loves cuddly toys and has a bedroom full of teddies and toys.'

Is the service well-led?

Our findings

A relative/advocate and staff all told us that they were happy with the way the service was managed and stated the registered manager was approachable. A relative/advocate said, "She (registered manager) manages well and rings me up to let me know any changes. They do everything well and he seems happy there. I did not think he would settle at all. It's very nice to know we don't have to worry." The registered manager and staff worked closely with health professionals such as the local GP's and health specialists when required, to ensure people received the correct care and treatment required. Feedback from the three visiting health and social care professionals was of a well organised service with clear systems in place to ensure that records are kept up to date and staff are well supported in their roles. When asked what the service did well one member of staff told us, "Pretty much everything. There are lots of policies and procedures we have to keep up with."

The service had a registered manager. 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. Staff told us they continued to be well supported. One member of staff told us, "(Registered manager's name) is visible and organised. She's really hot on things and checks have you done this and have you done that. She's really fair." The registered manager told us how they had supported care staff to take responsibility for different areas in the service for example taking a lead in infection control and health and safety in the service. "I believe this empowers the staff and promotes a positive culture where we work together as a team to achieve the best outcome we can for the service users we support."

Policies and procedures continued to be in place for staff to follow. There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected.

The registered manager continued to monitor the quality of the service by regularly speaking with people and their relatives to ensure they were happy with the service they received and by completing regular reviews of the care and support provided to ensure that records were completed appropriately. People and their relatives were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans to drive up the quality of the care delivered. The regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held regularly and had been used to keep care staff up-to-date with developments in the service. One member of staff told us, "We are a really good team. We all have the opportunity to bring things to the table. We know (People's names) very well. We tend to stay a long time. (People's names) have a nice home."

The registered manager had regularly sent information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on staffing, incident and

accidents, and complaints. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The provider also arranged for internal audits of the service to ensure the quality of the care being provided and this met current guidance. The registered manager told us that where actions had been highlighted these had been included in the annual development plan for the service, and worked on to ensure the necessary improvements. The registered manager was able to attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. The PIR detailed how the manager had kept up-to- date by attending training to support them in their role. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.