

Alpha Care SW Ltd

Brunel House

Inspection report

158 Victoria Road
Plymouth
Devon
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Date of inspection visit:
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05 December 2022

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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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Brunel House is a residential care home providing personal care to up to seven people. The service is registered to provide support to younger adults with a learning disability and/or autistic people who may have care needs around their physical disability or sensory impairment. At the time of our inspection there were seven people using the service.

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

Right Support: People had fulfilling days and meaningful goals they chose. Staff supported people exceptionally by focussing on their strengths and encouraging people with what they could do. Arrangements were made for people to receive specialist health and social care support locally in line with people's assessed needs. The environment was homely, clean, and appropriately furnished with serviced equipment available when needed. People's bedrooms were personalised, and the home environment had some adapted features to meet the needs of people in relation to their sensory and physical needs.

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

Right Care: Staff understood people's communication needs as they worked with people consistently and got to know them over time, developing trusting relationships and exploring how to best capture people's wishes and views. Staff deeply respected the people they supported, each other and the home environment, providing care that was thoughtful and compassionate. People were encouraged to take positive risks to enhance their wellbeing and the service communicated well around what risks people faced and how to support them to manage these risks positively. People's care, treatment and support plans reflected their individual needs and this promoted their wellbeing and enjoyment of life.

Right Culture: The service placed people's wishes and aspirations at the centre of everything they did, driving a culture that was inclusive and empowering. People achieved goals they had only dreamed of previously and told us how moving to Brunel House had changed their lives. The leadership were visible and embodied the values of the service, using their knowledge and influence to ensure people were leading a quality life of their choosing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 10 August 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Brunel House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Brunel House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brunel House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 30 November 2022 and ended on 14 December 2022 when we gave feedback to the provider and registered manager. We visited the location on 30 November 2022 and 5 December 2022.

What we did before inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met, spoke with or had feedback from six of the seven people living in the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time in communal areas including a time when people were having their evening meal. We contacted and spoke with or had written feedback from three relatives and four professionals who work with the staff to support people with their health needs. We met with and had telephone discussions with or written feedback from 11 staff.

As part of our inspection we observed medicines administration, looked at recruitment files, four medicines administration records (MAR), care plans and risk assessments and other records relating to the running of the service such as audits and incident records. All documents we requested were sent to us in a timely way.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the service made them feel safe, one person said, "I feel safe now." One relative said, "Never any safety concerns."
- Every staff member we spoke with or had feedback from had no concerns around safety. Staff knew how to identify and report any safeguarding concerns and what that might look like for different people living in the service.
- Systems in place to safeguard people from the risk of abuse were robust, staff were trained and their understanding around safeguarding was regularly checked. Safeguarding concerns were reported to the local safeguarding authority and the CQC in a timely way.

Assessing risk, safety monitoring and management

- The individual risks people faced were assessed and clear plans were in place for supporting people to manage those risks positively.
- Staff had a good understanding of how to support people with specific health needs around epilepsy, respiratory distress and where they may pose a risk to themselves. When we spoke with staff, they could describe to us accurately how to safely support people around their complex health needs. What staff told us and our observations matched protocols for safe suctioning, emergency epilepsy rescue medicines and where people needed additional support around how they expressed themselves. One relative said, "They have got so many good practises in place...they follow his protocol closely."
- The safety of people's living environment and the building were regularly monitored. Checks were in place for aspects of building safety including gas and fire.

Staffing and recruitment

- There were enough staff to support people safely and to lead the lives they wanted to. One person said, "There are lots of staff here to help me."
- Staffing levels matched the assessed level of need people had and staffing mix was carefully considered in terms of skill, experience and personality so each shift team was a good 'fit' for each person. One staff member told us, "There is always a good mix of experience on the floor." Agency staff were not used in the service.
- Recruitment processes were robust and followed. Thorough checks including application, interview, and Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored safely and when we checked medicines stock, they matched the stock levels recorded on Medicine Administration Records (MAR).
- MAR were complete, accurate and up to date.
- Staff had been trained and competency checked in the administration of medicines. We observed medicines administration which was calm, checked by another staff member and each step explained to the person it was being administered to.
- People had been supported to reduce some medicines in line with the principles of STOMP. STOMP stands for stopping over medication of people with a learning disability and autistic people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported people to have visitors in line with government guidance.

Learning lessons when things go wrong

- The service was proactive in learning from incidents and daily practise. They shared learning with the whole team after any incidents.
- During the inspection the registered manager expressed their keenness in learning how to improve practise and was responsive when we provided feedback.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were holistically assessed over a period of time before they moved into the service.
- Guidance on how to support people with specific needs was incorporated into ongoing assessment of needs. When needs changed so did the assessment of needs and guidance for staff.
- Consideration of laws such as the Equality Act 2010, the Mental Capacity Act 2005 and government guidance around infection prevention and control were made regarding assessing people's needs.

Staff support: induction, training, skills and experience

- Staff completed a range of training relating to the individual needs of people using the service. One staff member said, "We are given a full range of training to help us fulfil our roles and are regularly encouraged to do refresher training."
- Specialist training had been provided for some experienced and senior staff members in the administration of some medicines such as emergency epilepsy medicines and a daily injection. There were always staff on shift who had received relevant training to meet people's specific needs. The registered manager showed us they had been pursuing refreshing some bespoke training and hoped to book more soon.
- New staff were supported with a robust induction and shadowing process before they started supporting people, this included the Care Certificate where needed. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were supported with regular and meaningful supervision which helped them to reflect and improve on their practise. Staff said, "I have supervision every three months and an appraisal annually. These are always one to one, I always receive a copy of my supervision/appraisal."

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

- People were supported to remain hydrated with a range of drinks to choose from.
- Where guidance was given by a dietician or speech and language therapist for people who required a modified diet this was followed.
- We observed people being supported over two mealtimes. Staff took their time, engaging with people and ensured they both enjoyed their meals, and were given the tools and encouragement needed to eat independently where this was possible. One person said, "Oh the food is amazing, it's all home made."

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

- There were positive working relationships with key health professionals. One professional said, "I have

always found that they listen and respond to my advice and requests."

- The service had a regular GP who knew people well and the service could contact them at any time for advice and support.
- People were linked in with health professionals relating to their needs and referrals to services were made promptly once a need was identified.

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

- Each person had their own bedroom with ensuite facilities and access to an upstairs and downstairs lounge and ground floor dining room. The service had been adapted with one self-contained flat created to enable one person to retreat into their own space when they needed it.
- The service was accessible for people using wheelchairs with a stairlift inside and ramps outside. This meant people could enjoy the outside space and easily navigate leaving the home when they wished to go out for the day.
- People were able to choose how they decorated their bedrooms and personalise their space based on their needs and preferences.

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

- People were supported with goals around their health needs and positive results were achieved around healthier eating, maintaining a healthy weight and engaging with healthcare professionals.
- People were supported with their oral health and access to dentists when needed.
- Staff had been trained in how to spot the soft signs of when people might be unwell. Staff sought timely medical attention to prevent hospital admission. One professional told us, "I am confident that the staff know the residents well and are able to identify signs of potential deterioration and seek urgent assessment appropriately. They check basic observations and use a scoring system to assist them with this, but also use their personal knowledge of the residents."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was acting within the principles of the MCA. Staff had a good understanding of consent and we saw and heard consent being sought from people before care delivery.
- Where people had been assessed as not having the capacity to make some decisions there were best interest decisions recorded.
- Where applications for DoLS were required these had been made.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were extremely passionate about enriching people's lives and provided compassionate, thoughtful care. We heard from relatives, professionals and staff how the focus of the service was to ensure people led their best possible lives. One staff member told us, "I know the individuals are at the heart of everything we do, and I know we all give it 110% every single day to make sure they are living their lives to the full extent, there never really is a 'boring' day."
- The atmosphere was homely, warm and welcoming. People were jolly and we observed lots of smiling, laughter and mutually relaxed interactions. One professional said, "The atmosphere is friendly, courteous and the care staff show a genuine interest and concern for their residents. I am always made to feel welcome." One staff member said, "Brunel is a lovely place to work. [The provider] have put their hearts into making the house a proper home environment (which is difficult considering the amount of equipment we have). I feel this job gives me the opportunity to provide a real quality of life and a place to live that sees the person and not just their medical needs. This gives me great job satisfaction."
- Staff went 'over and above' in understanding people's unique care needs. One professional said, "I believe they go above and beyond and want to have in depth understanding. They are quick to ask questions to broaden and deepen their understanding to provide the best care they can."
- Staff went out of their way to investigate how to meet people's needs, including around their protected characteristics and communication. For one person, staff identified more specialised products were needed for their hair and skin care and researched how to support this person around their skin and hair type, then went and bought these products. One person had a disrupted sleep pattern, so staff supported them to explore a more typical sleep pattern for a person of their age. They now have a more settled nights sleep, are less tired and can go to bed when they choose to. For another person they expressed joy at smelling delicious smells, so staff support them to go to a local shop to smell the toiletries and bath bombs on offer for a sensory treat.
- The service respected equality and diversity. Staff fought to advocate for people and their rights when out and about in the community and in their daily lives. The service empowered people to overcome obstacles in their way so they had equity of opportunity in the community and could experience the things they wanted to.
- The service purchased specialised equipment, so people did not have to stay in their wheelchairs all the time when out on day trips. One relative told us how a milestone birthday was made special as people were able to have a picnic on the moors and lie on the picnic blanket feeling the sun on their face. Staff identified one person would sit on the floor after a short period of walking so worked with the person to purchase a walking stick that turns in to a stool so they could rest without sitting on the floor in public. For some people,

staff going out of their way to reduce barriers meant for the first time they could fully enjoy what the local area had to offer, including local areas of beauty such as Dartmoor.

- People were supported to express themselves through how they dressed, how their hair was styled, trips to the nail salon, and the music they listened to. People were enabled through the consistent caring approach of staff to express their sexuality, explore their own sexual needs and be treated with acceptance. One person, when asked about how they feel about living in Brunel House said with a big smile on their face, "I can be me."

- The registered manager discussed with us how they were always reflecting on the approach of their team and worked with them to continually develop and grow in how they went about supporting people. We heard how they team had reflected on one person's support around their Percutaneous Endoscopic Gastrostomy (PEG), this is where nutrients are delivered through a tube into the stomach. Staff had reflected on their practise and the advice of professionals and explored whether the times the PEG was running could be altered so the person was being supported to take in nutrients at mealtimes rather than all during the day. The result was a more dignified and comfortable nutrition experience for the person.

- The registered manager said, "If I could have my relative [live] here I would. The staff team are so caring and responsive, they want to learn and build their knowledge and understanding of each person's needs. They believe in our values; our staff team is built up on our values."

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

- People were invited to and given full opportunity in the planning of their care through regular review meetings but also more informal conversations and house meetings. Staff were there to facilitate people's input but not influence their views, the registered manager told us how they had changed house meetings to be more led by people rather than staff. This showed people were treated as valued individuals with important opinions.

- People were engaged in creative ways and at different times on expressing their views. Staff explored with people how they could communicate their views through trying different types of communication, adapting their approach when a person was telling them if they liked it or not. We saw new forms of communication being introduced so people could express themselves more easily. One person had learned, with the support of Brunel House staff to read and write using an electronic device. This approach of staff gave some people more of a voice than they had ever had. One person told us how communicating electronically with staff meant they could fully express their feelings and ask for support around a sensitive issue.

- Relatives told us, "I go to care meetings, during covid I did it via video platform, I am fully involved where I need to be", and "They keep me updated, I never feel they don't involve us in any decision making." One professional said, "I have observed how Alpha care staff are open to feedback from family members and put in place what is advised."

- The service actively listened to people's views and responded to them thoughtfully. When one person said it was their lifelong dream to live with friends, the provider made it happen and set up another bespoke service. The person is happily living with two of their friends, being supported by a provider that understands and promotes their aspirations.

- People were offered choice throughout the day from what they wanted to do to the flavour of drink they had for dinner. Choices were tailored to the communication needs of each person and there were opportunities for people to try new things. One staff member said, "One [person] that I work a lot with has achieved lots of firsts since being with us, first ever carvery, first bank account, first time slept in a double bed, first time to dye someone's hair." Through offering choices, the service was opening people's worlds to a range of experiences. We saw several examples where people's lives had changed for the better because of the choices and opportunities Brunel House promoted to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. This thread of respect for people living in their home ran through every staff member we spoke with or had feedback from. We observed the respect was mutual, that people cared equally for staff as staff did for them. Relatives, staff and people spoke of the service like a family.
- People were afforded the dignity they deserved, and staff always went out of their way to consider this. People were dressed in clean clothes in fashion for their age group and well-groomed with nails and hair styled according to how the person liked it.
- One person said, "Yes they always treat me with dignity." All relatives we spoke with told us people were treated with dignity and respect. One relative said, "I listened once when they didn't know I was there, they speak to and treat them like absolute royalty."
- People were expected to take part in the daily running of their home, laying the dinner table or doing their laundry. One person said, "I do stuff, I do Hoover, I wipe down I do cooking." People also took part in audits and maintenance checks when they wanted to, so they knew how to support with the day to day running of their home.
- We were provided with and saw multiple examples of where people had been supported to be more independent. One person was able to eat more independently after support from the service, one person after moving into the service no longer needed continence aids.
- The service sought to reduce restrictions that might impact on how independent people felt. One person, who had been supported in their previous home by up to six staff when moving in the hoist now was supported by two staff they knew and trusted. This impacted positively on their independence, dignity and how others might have seen them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider, management team and all staff were dedicated in driving improvement, expressing their desire to provide the best possible, person centred care. People had individual goals and their aspirations were woven into their daily support and care planning. People had been supported to achieve goals such as going on holidays for the first time, an exciting speed boat ride in the local estuary, and to fulfil their lifelong goal of living with their friends.
- We saw several examples where the service had reduced the need for medicines, removed restrictions and opened a world of opportunity for people to experience. Some people had been supported to now sleep in a bed where their freedom of movement was not restricted. One person was being supported to come out of seizure activity more quickly. Staff had worked with the person and their family to identify some music that caught their attention and provided a focus for them.
- One person told us how the service had transformed their life. They said, "If it wasn't for these guys here I wouldn't be alive", "If I feel sad they know how to pick me up" and, "They have helped me meet all of my goals, I didn't go out before I was too scared, now I do what I like."
- Professionals we spoke with said, "I find the leadership to be proactive and genuine in its approach and always looks to improve and wants to provide the best opportunities for their residents to live as full a life as possible", and "Managers and support staff appeared person centred in their planning of the individual's care by recording and discussing all aspects of the person's care, likes/dislikes, communication needs and wanting to know what was important to them." Another professional said, "I have no reason to think they provide a service that is anything other than outstanding in all the key areas- safe, effective, caring, responsive and definitely well led."
- We saw examples where impressive outcomes were achieved because of the exceptional, tailored person-centred approach. One person told us how Brunel House had changed their life, how staff had supported them to go to the beach for the first time, sit in a hot tub on holiday, buy their first high street coffee, and get their hair cut in a salon. They told us, "I think Brunel House should have an award for the best care home in Devon." We saw how people had been nurtured back to having belief in themselves and their abilities and gone from feeling afraid to empowered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- The service excelled in empowering people to communicate so their voice could be heard. Staff persisted in exploring ways of communicating for people who might not be able to verbalise their needs or preferences. Staff supporting one person all learned British Sign Language and to use Picture Exchange Communication System (PECS), a pictorial form of communication to offer choice. One person was being taught new signs so the first time in their life they could express when they had finished or had enough of something. This enabled this person to have more choice and control in their life and not rely on others always working out when they had had "enough".
- Staff used a range of tools and ways of communicating to engage meaningfully with people through touch, sounds, light, verbally, pointing, eye gaze and using pictures.
- Accessible information was available to people so they could see their achievements, what their goals were and information around decision making. One person had a tree in their room made from images of all the things they liked doing and goals they had achieved. We saw staff talking to the person about their achievements and reminding them of the things they had achieved.

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

- People were supported to access activities relevant to both their preferences and their age. There were opportunities for socialising with other young people and to join in with events in the local community such as gigs and local festivals. Several relatives we spoke with made comments such as, "They support them to do much more than I would ever be able to, they have a fantastic life."
- People socialised within the service when they wanted to but also had separate relationships with family and friends outside of the service.
- Staff supported people to stay in contact with their loved ones through proactive virtual and in person contact. Staff dropped people off and picked them up so they could meet or visit with their families. One relative told us how they were always getting videos and messages so they could see how their loved one was doing and what kind of a week they were having. Families had access to the online recording system where appropriate.
- One person was supported to go to college, and another had a part time volunteer position with a local charity.

Improving care quality in response to complaints or concerns; End of life care and support

- There was a complaints process and policy in place. People's views were actively sought and considered and used to improve the service.
- People and relatives told us they felt listened to. All relatives said they would feel comfortable complaining but had not yet had a need to formally. One relative told us how they had given some feedback to the provider and they had acted swiftly to address it.
- This service supported younger adults and no person was being supported with end of life care at the time of our visit. Where people wished to advanced care planning was in place.
- The registered manager told us they had plans to develop the skills of staff around end of life care through training and workshops.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The culture in the service was exceptionally person centred and open. Person centred care was at the centre of the service's belief system and day to day running. People and staff were consistently listened to and empowered. People had been supported to achieve inspiring outcomes around their health, communication, and individual goals. The provider had set the service up with this in mind and their dedication showed in the way support was delivered to people.
- Staff all told us they enjoyed and appreciated working in the service, how remarkably caring and friendly it was and how they were motivated by providing the best support for people. They said, "I love my job and I am extremely passionate about my role. I go home with a smile on my face, knowing that I have done the best I can for the individuals that I provide care and support to. I would not want to do anything else, this is my career, I feel it is a privilege and an honour to work with the individuals." Another staff member said the management team, "consistently highlight things they think I do well and check on my wellbeing and offer support. I feel my opinions are valued and respected. They are a very warm and supportive management team. They really do operate an 'open door' policy."
- We saw this positive culture at every level of the staffing structure. The registered manager told us, "Our management team are my support, I have my two directors who I am learning from constantly. I look up to the directors and learn from them." The provider was visible and led by example. People knew who they were and we saw how they worked with staff and the registered manager to drive improvements in service delivery, staff understanding and skills and improve people's experiences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider had an in depth understanding of regulatory requirements and had systems in place to assess, monitor and mitigate risks that people, staff and the service faced. Risks were not just assessed and managed, but people were supported to take positive risks and encouraged to make decisions and learn from them. For example, people were never discouraged from moving independently despite there being a chance they might fall. Staff found innovative ways to support people to have control over their lives.
- There was an exceptionally robust system of audits in place to cover all aspects of care delivery and day to day running of the service, daily checks were embedded in to staff practise. Where an issue was identified this was acted upon swiftly and in consultation with people and key staff. The audit system was dynamic, so

if something needed to change it did and it was communicated to every level of the service.

- The service was making notifications to CQC in line with the legal requirement to do so. Where incidents happened or things went wrong, the duty of candour was followed. People and relatives were kept up to date.

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

- People were fully engaged in the innovative review of their care needs in a way they understood, how they wanted care delivered, who supported them and consulted on any changes in their home.
- People, relatives and professionals were all consulted on their views of the service and a staff survey was conducted. Where feedback was provided the provider and registered manager listened carefully to this and implemented effective change where needed.
- There was an awareness of and culture within the service that supported people around their equality characteristics, the leadership team had worked hard to embed this into every day support. Physical and learning disabilities were not barriers to accessing opportunities, the service focussed on people's strengths and abilities and celebrated successes.
- Staff told us how they were supported with their needs by the management team and consideration was given to caring responsibilities. One staff member said, "I've always been supported incredibly both professionally and privately."
- People were involved in all aspects of service delivery. One person supported a recruitment campaign to attract staff to come and work for Brunel House.

Continuous learning and improving care; Working in partnership with others

- There was a culture of driving continuous improvement, looking at staff skills and ideas, and when working with people towards their goals at their pace. Staff were supported to develop and enhance their skills continuously, with opportunity for open discussion, further training and future career options available. Staff said, "Alpha Care has recognised my skills and abilities, they have encouraged me to develop these and increase my knowledge to further progress within the company."
- The registered manager and provider had countless examples of how they had improved the experience of people living in the service and were passionate about excellence every day and striving to keep learning. The registered manager said, "We are good at identifying where we need to improve."
- Every professional we spoke with held Brunel House and the care and support it delivered in high regard. One professional said, "My overall response regarding Brunel House is I always find the care of residents to be exemplary." The service had a good reputation with agencies it worked in partnership with at communicating to a high standard and taking on board advice and guidance.
- The provider and registered manager actively networked with other services, the local authority, accessed learning resources and kept up to date with changes in the social care system and best practise. This was evidenced through quality practises over a sustained period of time and a continuous achievement of people's goals at their pace.