

# Kisimul Group Limited

# Tigh Fruin

## Inspection report

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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?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

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

The service is a three-story building in the small village of Hayton, offering ensuite accommodation with communal spaces including, dining, living and creative spaces for activities. There were six people using the service at the time of the inspection which is the number registered to this location.

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

The home was well run by committed and dedicated staff, managed by the registered manager and provider who continued to drive an open and responsive culture. New and creative approaches had been developed to provide a person-centred approach to a friendly and homely living environment .

Respect and dignity was at the forefront of the care which was provided and through this positive relationships had been developed and enhanced. Decision making was an important aspect and to support people to make their own decisions a range of bespoke communication methods were used. Family relationship had been fostered and there was a strong emphasis placed around the importance of these bonds. People's equality and human rights were recognised and maintained.

Staff had worked with healthcare and professionals to achieve positive outcome for people in relation to supporting personal goals. We saw these relationships had had a huge impact on the person's activity opportunities and for other people it had enhanced the time spent with family to enjoy a variety of meals. Individual health care had been promoted and there was consideration at all times to ensure the person's wellbeing was at the centre of any medical support they may require.

People were supported by dedicated and skills staff who has received comprehensive training to support their roles. The cornerstone was the bespoke training produced by the provider which linked dignity, attitude and culture. Agreed philosophies linked to these areas were embedded which paced people at the forefront of the care. Staff were encouraged to progress within the company and were trained as their role progressed. When staff commenced their employment there was a detailed induction which equipped them for the role.

The provider used technology to support the storage of information for the care plans and a range of

communication aids. All information was kept up to date and shared with staff and relatives in an organised planned way. People's wishes were recognised, which may be required if they are approaching the end of their lives.

There was an individualised approach to support and engage people in a range of activities which promoted their interest, learning and well-being. Staff understood people well and plans reflected a variety of techniques to promote positive support when some people became anxious.

There was a complaints policy which was accessible and responded to as required in line with the policy. Complaints and other information were available in a range of formats including easy read and pictorial versions.

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. Staff understood the importance of ensuring people were able to make their own decisions.

When people transitioned to the service there was a bespoke planned approach to support the person at their own pace with guidance from other professionals and family. The environment was decorated to support individual choices and interests.

People were protected from the risk of harm and staff understood the importance of continued hygiene for the home and individuals to reduce the risk of infection. Medicine was managed well by staff who had received the required training.

People's relationships were considered when staff were allocated on shift. The provider ensured there was enough staff to support people in the home, with their required one to one hours or when accessing activities. Risks had been assessed and managed to mitigate any ongoing concerns.

The provider used a range of quality audits supported by a dedicated team to ensure the home continued to provide good quality care. People and family were encouraged to be part of any changes and to provide feedback on the level of care.

Staff felt supported, listened to and an integral part of the development within the home. They worked with a range of partners to encourage learning and use the latest best practice to support people's needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection the last rating for this service was Good (5 September 2017)  
At this inspection the service had improved to Outstanding.

Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

# Tigh Fruin

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors

#### Service and service type

Tigh Fruin is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications and contacted the local commissioners. We used all of this information to plan our inspection.

#### During the inspection

Some people were unable to tell us about their care, so we observed the care being provided and the interactions of the staff. We spoke with four members of staff, the quality lead, the deputy manager and the registered manager. The area manager was present for the feedback from the inspection. We reviewed a

range of records. This included two people's care records and multiple medication records. Other records were shared with us which included access to staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two professionals who regularly visit the service and family members by email.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from abuse and improper treatment. A family member told us, "There are sufficient staff to ensure [name] is kept safe from harm in respect of other people."
- Staff had received training in safeguarding from the provider and the local authority, which ensured they were aware of the process to follow should they need to raise any concerns.
- The providers recording system used a recognised sign called a red flag to record any safeguards. We saw any which had been reported had been investigated.
- Lessons had been learnt from an unexplained injury being reported as a potential safeguard. This referred to an incident where a person had fallen and it had not been recorded. The support plan had been updated and the staff reminded of the importance of recording at their team meetings.
- The provider had a whistleblowing hotline and we saw posters around the home which referred to this. Staff told us they would have no hesitation in reporting any concerns.

Assessing risk, safety monitoring and management

- Assessments were in place to ensure all measures were taken into account when assessing and managing risk. When incidents had occurred, these were analysed, and actions taken to reduce the risk. For example, following a person falling in the bathroom, consideration was now being made for a bathroom adaptation to ensure the person would still be able to have some independence in a safer environment.
- Assessments reflected the activities within the home and those when accessing local transport or external activities. Measures were in place to minimise the risk without compromising the person being able to participate.
- The registered manager had consulted an occupational therapist to be involved in assessments which related to people's aspects of mobility in the home. For example, getting in and out of the bath, following the assessments specialist hand rails were put in place.
- The home was supported by a dedicated maintenance person who ensured safety requirements were in place and had been followed. This included individual evacuation plans and fire safety management.

Staffing and recruitment

- There were enough staff to ensure people's safety.
- Family members spoke highly of the consistent staff and the importance made of the relationship between the person and the staff. One family member said, "There is always at least one member of staff present at all times who relates well to [name] which is really important." Another family member said, "Staff know [name] very well, and more importantly, genuinely like them and take pride in how far they have



progressed."

- Where people were commissioned to receive one to one care, this was recorded and the required number of staff provided to ensure these needs would be met.
- Staffing numbers were reviewed on a regular basis and we saw the number of night staff had been increased. This was to reflect the needs of people and the tasks staff completed through the night. For example, laundry and intensive cleaning.
- We saw checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency which keeps records of criminal convictions.

#### Using medicines safely

- People received their medicines safely, when needed.
- There were detailed procedures in place to record the administration of medicines. This included stock and a recording system for when people left the home for activities or family visits.
- Staff were aware of protocols of when to administer rescue medicine following a person having a seizure. All staff had received training in the use of this medicine.
- Medicines were reviewed with the GP on a regular basis to reduce excessive use of medicines for long term conditions or to manage anxiety or behaviour. We saw how many of the people had received a reduction in medicines and the impact had been an improvement on their wellbeing.
- Some people received their medicine concealed in food, this is known as covert medication. The required assessments and professionals had been consulted to ensure this was the best approach for the person.

#### Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection. We saw there were cleaning schedules in place and staff used protective equipment like gloves and aprons when they provided personal care.
- We saw audits were completed by the compliance team and the registered manager. In addition, weekly checks were completed to ensure mattresses and other equipment were checked to ensure they still met the legal requirements for safety.
- Staff had complete training in food hygiene and ensured they followed the required measures when storing and preparing food.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. RI. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

- At the last inspection concern was raised in relation to decision specific assessments. The provider had reviewed this area and improved the training and we saw that all the required actions have now been addressed.

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about MCA and understood the importance of supported decisions. One family told us, "[Name] is offered and encouraged to make choices around their daily care and routine, such as what clothes food and drinks and engagement in activities."
- Assessments had been completed which were decision specific. These included the relevant professionals and family members to ensure any decision was made in the persons best interest. One family member told us, "Staff involve us when [name] is unable to make a choice or give consent, issues related to care and wellbeing."
- Action taken for each decision was proportionate and completed to reflect the persons, best interest. We saw how a best interest assessment had been completed prior to an emergency medical procedure being completed. This was done in conjunction with family members and the appropriate health care professionals.

Staff support: induction, training, skills and experience

- Staff were extremely skilled in providing care which was appropriate to people. Staff showed exceptional skills promoting the culture of the home. Families were involved in training so they could replicate any approach to support consistency. One family member told us, "The staff are consistently professional, very skilled and competent and share their skills with us."
- Staff were provided with bespoke training which replicated new research linked to the culture of services. The provider had developed their own training course which focused on ensuring the people were at the

heart of the care staff provided this was called 'Meas'. An example of one aspect was reflected when people exhibited a behaviour. Staff looked in-depth to understand the possible reasons and did not accept the notion this was just a behaviour. Since the introduction of this training, the need for restraint had been reduced and people's life experience had improved.

- The 'Meas' training had been accredited by a major training provider in this field and enhanced best practice. Internal trainers deliver the three-day training to all new staff and a one-day refresher yearly. This ensured the promotion of the principles which promoted and encouraged a sense of ownership and belonging within a homely and safe environment.
- The induction programme had been increased from one to two weeks prior to staff entering the building. They were then allocated a mentor, with monthly supervisions and completed a probation booklet covering their knowledge, assessments and competencies. All staff training now includes additional aspects as standard for example, oral care and understanding Autism.
- A new staff member told us, "The training helps to set the culture of the home, it places people at the centre." New staff shadowed experienced staff on an individual basis, so they got to know them on a personal level. This was then followed by the staff reading the person's care plan. The staff told us, "I was able to get to know people and the details in the care plans, this really ensured I was equipped for my role."
- The provider recognised staff skills and gave them the opportunity to develop their skills. Staff had been promoted to roles and then supported with training and shadowing to embrace the skills they required for these promotions. One staff member who had been promoted told us, "I have been on the leadership course with the company and learnt loads from the managers here, they are great mentors."

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

- The provider had invested in innovative approaches to using electronic care planning. The use of these tools enabled a holistic approach to assess, plan and deliver care and support to ensure the best outcomes.
- Best practice had been developed with health care professionals to enhance the care people received. The provider had access to their own therapists who provided initial assessments and ongoing support to ensure staff worked to promote the person's needs. One relative said, "The therapist support and maintain any necessary program here, which is paramount to the people."
- Technology was also used to promote communication in ensuring people's wishes and preferences had been included in their care plans. Staff had received training in communication methods and how to use the technology to promote decision making or support a person's understanding. For example, staff knew how to add or edit the software. This ensured any preferences or additional needs could be added and there would be no delay in the delivery of care.

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

- There was a thorough approach to planning and coordinating the transition of care. A pre- assessment was completed which was an active document detailing the persons holistic needs before and during transitions. The family told us, "We selected this home, having visited several other sites, because we felt, on our first visit, the staff would very much meet the needs of [name]."
- We reviewed a transition plan which had been developed, reflecting a co- ordinated approach of a person moving between service. The plan was reviewed over a six-week period linked to progression made following visits and introductions. This ensured the transition was completed at the persons own pace.
- Staff worked alongside the health and social care professionals associated with this person's life to date, so they could understand their current needs and aspects of their care. One staff told us, "This also helped in establishing a relationship to support the person with familiarity when they moved."
- The person's bedroom had been decorated to replicate the one they had been used to using. This ensured minimal distress when they stayed at the home. Their relatives told us, "[Name's] bedroom and ensuite were decorated and made to look very homely."

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

- Creative methods had been used to encourage and develop people's relationship with food. For example, one person relied on carbohydrates, the staff gradually introduced other items and this person now has a wider variety to choose from. Their relative said, "The autism specific specialist had achieved huge success in this area. [Name] now eats more choices which means we can eat out at various eateries. Making social life much easier and far more pleasant for them and us."
- Some people had expressed a wish to lose weight. One person attended a local weight loss class and had achieved their goal.
- Staff used the same principles to promote weight loss after one person requested to go horse riding, however they were too heavy for the activity. Over a period of time the person reduced their weight to enable them to access this activity. Family told us, "Staff have supported [name] to achieve a fantastic weight loss in the last twenty months. They have worked hard to support and encourage them to accept a healthier and more balanced diet and we are regularly amazed at the things [name] will now eat."
- The person now understood the connection between food and their own ability to do more activities. Staff shared with us how they now choose a Ryvita with toppings instead of bread or a fruit bag and sugar free drink instead of a high calorie snack. A family member added, "[Name's] weight previously was a real worry and had a very negative affect on their health."
- Some people were encouraged to make their own meals and there was open access to the kitchen to promote this activity.
- A weekly menu was developed, which aimed to include a variety of meals along with people's personal favourites. This was done with a range of pictorial guides and iPad software to promote choice and understanding of their menu plan.

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

- People's personal space and use of communal spaces had been thought through to promote independence along with a relaxed homely atmosphere. One family member told us, "The home itself is a lovely environment, a home from home which is what we always wanted for [name]."
- Adaptations had been made when required. For example, a shower room had been extended as the small cubicle made the person reluctant to participate in their personal care. This entailed the removal of the toilet, the decision was reflected through a best interest process and included professionals and relatives to ensure it was the most appropriate approach. Staff and family members told us this had made a real difference and [name] now enjoys and engages in their personal care.
- An extension had been made to the home. Initially this was to be used as another lounge space, however staff identified the need for a dining space which could also be used for meetings or therapy sessions. We saw this was how the space was used and staff told us it had been successful.
- There were two communal spaces, one offering a television or music options and the other a quieter space. There was also an easy clean room used for messy therapy using a range of materials. The garage was also equipped to be used as a room, which offered electronic interactive games and more space for creative art.
- People were able to decorate their bedrooms in a theme to suit their choice of colour or interests.

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

- Professionals commented on the excellent care people received and the importance placed in promoting good health care. One told us, "I do feel the staff have the person and their best interests at the heart of the care they provide." They added, "The staff were knowledgeable about the person's needs and presentation."
- We saw how staff and health care teams had worked collaboratively to ensure the best outcome for people's health care. For example, one person began eating inappropriate non edible items. Staff recorded

all the incidents and obtained health care advice which identified a vitamin deficiency. This showed a proactive approach to what could have just been identified as behaviours which challenged. A family member said, "Staff show a real concern for [name's] health and worked closely with relevant health professionals to ensure issues were managed appropriately."

- People's health was consistently monitored by a range of health care professional supported by clear and detailed documentation. For example, when people had seizures these were recorded, and any possible trends were reviewed with specialists. These approaches support the changes in medicine and ongoing ways to manage the persons condition in the least restrictive way and had resulted in a reduction of seizures. Family told us, "We commend the staff for the care they provide and the dedication they show in meeting [name's] complex needs which includes their unstable epilepsy."
- The provider had staff that were 'champions' within the service. They provided the link to different areas to promote understanding. For example, some posters had the champions photograph on to provide an easily recognisable link.
- Family members were kept informed of any identified concerns. One family reflected on this saying, "Staff are responsive to [name's] physical health needs and keep us informed with any concerns or changes to [name's] physical health and general wellbeing. Staff also act quickly regarding any issues we may raise."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a cohesive approach to ensure the values of the home were shared by staff, management and all those in connection with the home. One family member said, "[Named] is cared for as an individual and his needs are always met."
- Staff knew people well and showed a warmth and kindness and wished each person the best life. One staff member told us, "You make a personal connection which helps the person as it provides a bond and enables trust between us."
- All the families we received feedback from all expressed positive comments about the staff and how they met people's needs on an individual level. One commented, "I have no doubt that the care team genuinely care for [name]. During frequent phone calls I recognise genuine warmth from staff when discussing their day or welfare."
- Staff and family members all related to the improvements people had made. One family member said, "We have noticed a significant improvement since they moved to Tigh Fruin and feel [name] is happy with the life they are living there." Staff told us, "I love the people, there is such a sense of fulfilment, when you see them achieve things. It's the personal connection." □
- Families were kept informed through meetings, telephone calls or emails. One family member said, "Staff share information and concerns with us which has resulted in our real trust that they will provide the highest level of care for [name]."

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

- Staff promote and encouraged people to express their views to retain their independence.
- There was a range of communication methods used to promote decisions. One family member said, "The staff supporting people to express their views and be involved in making decisions about their care, even the small things like choosing their clothes."
- Each person was supported with individual goals. These were often small things; however, they were developed by staff to ensure people were given the best possible opportunities to meet them. For example, making a snack in the kitchen or completing a personal care task.
- People had been able to develop relationships with staff and people they lived with. One family member said, "[Name] is much more at ease with himself and more willing to develop friendships, mainly with staff, however, they have recently extended this to one other person which is lovely to see."
- The registered manager was aware of the importance of people being supported with decisions in an open and transparent way. When required advocate services were accessed to ensure any decision making

was supported in an open and transparent way.....

Respecting and promoting people's privacy, dignity and independence

- There was a clear focus to ensure the service retained a homely feel, people were treated like family, and their privacy and dignity was respected.
- Staff embedded the providers ethos on the culture of the home, where people were respected and listened to. One family member said, "Staff have a real connection with [name] and show them kindness and care at all times."
- Courtesy and consideration were shown when personal care was required. For example, the closing of curtains and privacy when people were in their own bedrooms. We saw people were encouraged to change their clothes when they had a spillage or required a change to support their dignity.
- Good practice was embedded in the service to reflect the best outcomes for people. For example, one person was not sleeping well, and this was having an impact on their independence. Staff monitored the situation and then obtained support from the GP. After trying different medicines and routines the person now sleeps well and enjoys a more active life during the day.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Innovation of new technology was used to enhance the service provided to people and to encourage their independence and participation. The provider used electronic care planning which covered all aspects of people's needs. We saw how people and their families were involved in the planning of the care requirements to ensure a consistent approach which remained current. One family member said, "All the staff are very caring and [name's] key worker is exceptionally good, and we feel we can discuss any issues that concern us with them."
- People's mental wellbeing was promoted using positive behaviour techniques or reviewing the event which may have triggered a mental health incident. One person had expressed anxiety and it was identified this occurred when the person joined the swimming group. However, staff knew this was an activity the person had always enjoyed. The activity was changed to an individual swimming session with preferred staff and the person's anxiety reduced, and their enjoyment returned.
- Partnerships had been developed with professionals where people had behaviours which could harm themselves or others. One family member said, "Staff know [name] so well and de-escalate any behaviours including self-injurious ones before they escalate to a degree where [name] may be at risk of harm to themselves or from others". Staff were knowledgeable and skilled, which meant they were well informed and followed a clear process when any changes had occurred, no matter how small.
- Senior staff received a daily email of any changes and when care plans had been updated staff were directed to read these and sign to confirm. Following any falls, incidents or any unexpected concerns, these were identified on the system with a specific mark so they could be analysed and consider any pattern. For example, one person had several seizures, and these were reviewed, and their medicine adjusted and these seizures had reduced making life and activities safer.
- People's equality needs were met, ensuring the protected characteristics were respected. Staff had received training and promoted independence in relation to mobility, gender and communication. For example, people were able to identify the gender of the staff member they had a preference to be supported by. Any mobility needs were focused on continued independence with support from professionals or appropriate equipment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,



impairment or sensory loss and in some circumstances to their carers.

- Emphasis was placed on communication and seen as the cornerstone of developing a relationship with people. In addition to a range of methods used to meet people's needs, specialist equipment was used, and staff had received training in how to develop the communication using this tool. Makaton sign language, pictures and objects of reference were also used. Therapists had been consulted to support how staff connected with people using their preferred method. One family member said, "The specialist therapist and support staff are an asset in providing the mechanisms to communicate with people."
- Therapists supported staff to maintain any necessary programmes and updates on the communication assistive software programmes. One relative said, "This is paramount to the people." Another family member told us, "These communication methods help [name] to express their feelings and further develop their preferred method of communication."
- Information about safety, complaints and other relevant information was available in a range of formats and on display. Some of these had pictures of the staff members on them to help people to associate with the message.

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

- The home promoted and encouraged people to obtain a sense of inclusion, identity and enjoyment from a range of activities and areas of interests. One family member said, "[Name] is supported to access the community such as the hair dressers, dining out venues and local slimming club."
- Tailored activities were bespoke to the individual and had been developed in consultation with family. Creative ways were used to encourage and promote involvement, with each person having planned goals with small steps working towards a large goal, for example washing their hair or making a drink independently. Each goal was reviewed regularly and revised to encourage continued independence.
- Community links had been established and the local shop had an Autism Awareness day, wearing t-shirts playing music and raising the profile. Staff told us the local villagers knew people well and accepted them with respect. A family member said, "[Name] is accepted as part of the community and staff promote their independence, along with protecting them from discrimination or psychological harm."
- Activities were extended to include continued education at college or learning practical skills like working on a farm, rock climbing or local walks. A family member said, "The people experience many different outings, e.g., horse-riding, walks and a weekly disco called 'Dove Dance' which [name] loves."
- There was a commitment to build and maintain relationships with the people's family. We saw how a relationship had been rebuilt and family ties re-established. A family member said, "Staff have arranged special family days. [Name] has a human right to family life and staff demonstrate a real respect for this and facilitate our continuing relationship with [name] in a way we didn't expect but are very grateful for."
- Relationships with families were enhanced and developed to play a valuable part in managing and supporting people with their anxiety. A family told us, "[Name] has developed lovely trusting relationships with several staff members who have a really good understanding of them. [Name] thrives in an environment which offers stability, consistency and clear boundaries, which is offered here."

End of life care and support

- People's end of life needs, and wishes had been considered, despite the young age range of people using this service the provider had ensured there was consideration for end of life wishes and importance placed on obtaining their individual wishes and preferences. One family member told us, "As [name] has limited family we were comforted by the provider giving thought to end of life' provision." They told us about their meeting and reflected on how sensitively the information was gathered.
- The end of life plan was in an easy read format, which included a pictorial explanation through a glossary

relating to words and items used when people die. The plan identified the person's planned arrangements and personal wishes. For example, the things they loved and things they would not wish to be included.

- Staff we spoke with acknowledged the young age group, however reflected with passion at ensuring people received the best care whenever it was required. This was reflected in the plans clearly showing the persons love of life, family involvement and individual wishes.

Improving care quality in response to complaints or concerns

- There was an accessible format provided to ensure people were able to raise complaints and concerns. A family member told us, "There is an open-door policy and we feel comfortable we can raise a concern if necessary."

- There was a formal complaints procedure in place, and we could see the registered manager dealt with complaints in an appropriate way. All complaints were reviewed, addressed and recorded formally.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was exceptionally well led, with a management team which focused on placing people at the heart of the service. One family member said, "The house is extremely accommodating to our needs as a family and the house seems to run smoothly with very effective management and very efficient communication between them and us."
- The home promoted the culture by having champions for different areas of the home, for example, Infection control, health and safety and Safeguarding. The provider was open to suggestions or information shared by staff and family members.
- The registered manager, staff and family all shared examples of good practice at the home which have been detailed throughout this report. One family member said, "We are very pleased with the quality of care [name] receives, there is a good 'family' atmosphere at the home."

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

- A range of methods were used to review incidents and events when they went wrong. Any actions or learning points were shared with staff and all records updated.
- The registered manager was transparent and open in sharing any concerns and explaining what actions had been taken to reduce the ongoing risk to people. These were shared with us in the form of a notification, this meant we could check appropriate action had been taken.
- The previous rating of the home was displayed in line with our requirements ☐

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

- There was a comprehensive approach to auditing and maintaining the quality of the service provided.
- The provider had their own quality team who provided regular announced and unannounced checks on the service. Any advice or actions from these was followed up.
- A range of audits was completed to ensure aspects of the service remained compliant. For example, health and safety. We saw an action which related to the replacement of bottles as the labels had become difficult to read. This was important so staff can refer to any warnings or guidance on the original packaging and maintain a high standard of hygiene and safety.

- Medicines audits were also completed to ensure the required stock was up to date and staff had completed the required administration paperwork in accordance with guidance and best practice.
- Observations were also completed on staff and feedback provided to ensure the culture of the home was being maintained. The registered manager also completed a walk around the home, they had a visual presence so they would be familiar to staff and people.

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

- The staff team were passionate at ensuring they obtained people's views in a variety of ways, as the people were unable to complete written surveys. So, staff reflected on activities or events to consider the person's feelings or experience. An example is how a person had responded when they had their hair cut by the barber and any learning for the next occasion. This ensured people's views were considered.
- Relatives had meetings and their views were sought. A range of methods were used to support families. Some preferred a face to face meeting, others telephone or email contact. All options were available and used to ensure shared communication. One family member told us, "We are truly grateful for all the aspects of care the staff provide [name] and for the ongoing support they offer us."
- Staff were provided with support for their roles. Some staff required additional support with paperwork, and this was provided. One staff member told us, "I feel supported here, there is a good team work ethic and the management are approachable and available."

Working in partnership with others; Continuous learning and improving care

- The management were passionate about expanding career opportunities and embracing staff skills to support people. They worked with a range of partners to develop staff skills and learn from professionals to enhance people's lives.
- Families had identified with the range of skilled staff who supported the service. One family member said, "The in-house training uses many multi-disciplinary therapies which makes this service so specialist and unique."
- Other partnerships had been developed with the local community and connecting this home with the providers other services.