

# Stuarts House Care Limited

# The Annex

## Inspection report

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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 

## Overall summary

This inspection was carried out on 16 October 2015 and was announced.

The Annex provides a supported living service for people who have learning disabilities and autism. The accommodation includes two bedrooms for people using the service and a third bedroom which doubles as a sleep in room/ office for staff who provide 24 hour support for people. At the time of our inspection two people were using the service.

The Annex has a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received safeguarding training. They told us they understood how to recognise the signs of abuse and knew how to report their concerns if they had any. There was a safeguarding policy in place. Relatives told us their family member felt safe and people behaved in a way which indicated they felt safe.

# Summary of findings

Risks had been appropriately identified and addressed in relation to people's specific needs. Staff were aware of people's individual risk assessments and knew how to mitigate the risks.

Medication was stored safely and administered by staff who had been trained to do so. There were procedures in place to ensure the safe handling and administration of medication.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that people's mental capacity was assessed and decisions were made in their best interest involving relevant people. The registered manager was aware of his responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service.

Relatives told us they were very happy. Staff understood people's preferences and knew how to interact and communicate with them. People behaved in a way which showed they felt supported and happy. People were

supported to choose their meals and specific dietary requirements were appropriately followed. Snacks and drinks were available in between meals. Staff were kind and caring and respected people's dignity.

Support plans were detailed and included a range of documents covering every aspect of a person's care and support. The support plans were used to ensure that people received care and support in line with their needs and wishes. We saw this reflected in the support observed during the visit.

There was evidence in support plans that the service had responded to health needs.

The registered manager was liked and respected by people, staff and relatives. There was good morale amongst staff who worked as a team in an open and transparent culture. Staff felt respected and listened to by the registered manager. Regular staff meetings meant that staff were involved in the development of future plans. There was a positive and caring atmosphere within the service and effective and responsive planning and delivery of care and support. Effective quality assurance systems were in place to ensure the quality and consistency of the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to keep people safe from harm and protect them from abuse. Identified risks had been recorded and addressed.

The registered manager planned staff rosters to ensure there were enough staff to meet people's needs. There were effective systems in place to ensure appropriate staff were recruited.

Medicines were administered safely by staff who had been trained to do so.

Good



### Is the service effective?

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were able to choose their meals and had access to drinks and snacks when required, to ensure adequate nutrition and hydration.

People were supported to make their own decisions, but where they did not have capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring.

People were supported in a stable and caring environment.

The staff promoted an atmosphere which was kind and friendly.

People were treated with respect and dignity and independence was promoted wherever possible.

Good



### Is the service responsive?

The service was responsive.

People's preferences, likes and dislikes had been recorded and responded to by supporting people to achieve their goals. People had an enhanced sense of well-being and exceptional quality of life.

The registered manager listened and responded to feedback from people, relatives and staff, whilst striving for excellence through consultation and reflective practice.

Appropriate action was taken in response to people's health needs.

Outstanding



### Is the service well-led?

The service was well led.

We found the service had an open and transparent culture.

Good



# Summary of findings

People and staff were an integral part in the future development of the service.

There were systems in place to ensure that knowledge and skills were shared so that the service could continually improve.

Quality assurance systems demonstrated continuous improvement and outstanding practice sustained over time.

# The Annex

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 16 October 2015 and was announced. Notice of 48 hours was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure the registered manager was available during the inspection. The inspection was carried out by an inspector.

Before the inspection, we reviewed all the information we held about the home including notifications received by the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. We

did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

During our inspection we spoke with two relatives and two people. We also spoke with the registered manager and two support staff. We reviewed records relating to the management of the home, such as audits, and reviewed two staff records. We also reviewed records relating to two people's care and support such as their support plans, risk assessments and medicines administration records. Following the inspection we spoke with a health and social care professional about the support provided by the service.

Where people had limited verbal communication, we used other methods to help us understand their experiences, including observation. We were able to communicate and interact with two people using communication plans within their support plans.

We have not previously inspected this service.

# Is the service safe?

## Our findings

Relatives told us their family members felt safe. One relative, when asked if their relative felt safe, said “Yes, I think he feels safe.” People interacted positively with staff demonstrating they were comfortable in their environment.

Staff had received safeguarding training and were able to describe types and signs of abuse and potential harm. They also knew how to report abuse. Staff were aware of how to protect people from abuse. Staff told us they knew about the safeguarding and whistleblowing policies and would feel able to whistle-blow, if necessary, without fear of reprisal.

Risk assessments were in place for each person on an individual basis. People using the service were living with a learning disability and autism and were at risk from a large number of everyday activities, such as a lack of road safety awareness. The risk assessments described how the person was at risk and the measures and actions to be taken to reduce the risk for the person. For example one person was unaware of the dangers in using electrical items. Measures in place included, regularly checking the person while they were using the equipment and prompting them to turn off electrical items at the end of the day or when they had finished using them. Risks were discussed daily by staff in update meetings as people using the service sometimes responded in different ways. Staff needed to constantly discuss and reassess risks as new responses and behaviours were noted. The aim of this was to ensure that people were not restricted from any activity, but to ensure it was carried out in a safe way. There was a system in place to address individual risks, review risk and fine tune plans to ensure they were specific to the person and the activity.

The provider took action to reduce the risk of further incidents and accidents. Incidents and accidents were recorded appropriately and investigated where necessary. There was a debrief for staff by the manager after each incident which looked at what happened and why it happened., Staff discussed if it was preventable and what changes might be needed to strategies already in place. Incidents were used to identify any new triggers to behaviours which may challenge. Support strategies were discussed at regular daily staff meetings in order that the service could ensure they were appropriately responding to and preventing any known risks. Support plans were reviewed and updated whenever changes were identified.

There were arrangements in place to address any foreseeable emergency, such as a fire. Staff were aware of the fire safety policy and there was a system in place which ensured the smoke alarm was tested and cleaned regularly. There was a fire safety risk assessment in place for each person using the service.

The registered manager explained how staffing was allocated based on assessed and funded needs. There were two people using the service at the time of the inspection, both requiring one to one support whilst at home. One person required two to one support when accessing the community which they did daily. At night only one member of staff needed to be on duty. Staff rosters demonstrated that staff were on duty to support these assessed needs. As this is a small service the registered manager was available and often provided support to cover any gaps in the rota. Staff told us they worked flexibly and were happy to cover extra shifts as necessary. There was a system in place to ensure that sufficient staff were available to meet people’s assessed needs.

Staff had a number of different skills which were matched to activities which people carried out on a farm connected to the service. For example one member of staff had experience with horses and these skills were used in involving people with caring for and grooming horses on the farm. Another member of staff was involved in horticulture and people had been supported to build, plant and maintain raised beds. One staff member, whose strength was woodwork, had supported people to build bird boxes and herb gardens. Each member of staff had a skill which they were keen to share with people using the service enhancing their life skills.

There was a recruitment policy in place, which was followed by the registered manager. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited. These checks identify if prospective staff had a criminal record or were barred from working with people at risk. Potential staff had to provide two references and a full employment history, to ensure they were suitable to work within the service.

Medicines were administered safely by staff who had been trained to do so. Staff had received training in medicines management. People were prompted to take their medicines and staff ensured Medication Administration Records (MAR) were kept. MAR charts were all signed appropriately with no gaps. Medicine administration

## Is the service safe?

competencies were checked by the registered manager. Medicine stock levels were checked weekly by the registered manager and a monthly medicines audit was carried out to ensure medicines were safely stored and administered.

Medicines were stored safely in a locked cabinet. Each person had a support plan describing how they liked to take their medicines. We checked selection of medicines from the cabinet and all were within date and had the date

they were opened recorded. People were able to say or demonstrate if they were in pain. Staff contacted relatives if people were in pain as relatives liked to be aware and be part of the decision making process around people taking medicines which were not needed every day. This was in accordance with mental capacity assessments. Relatives lived nearby and were closely involved in their family member's care and support, on a daily basis.

# Is the service effective?

## Our findings

Relatives told us they were very pleased with their family member's care and support. One relative said "It's (the service) ticked all the boxes. I can have a life because I am confident the staff are doing a great job." Observations showed that staff were delivering support according to support plans and that people looked happy and responded to staff. We saw that staff communicated effectively with people, in accordance with their individual plans.

Staff had received appropriate training to deliver the care and support for people living in the home. Records showed that training covered all essential areas such as medicines management, moving and handling and basic life support. Staff had also completed specific training about autism awareness. All staff were also studying for a vocational qualification in health and social care, choosing specific modules in relation to autism. Staff received training in Applied Behavioural Analysis (ABA) which was at the heart of all care and support provided by the service. Applied behaviour analysis (ABA) is a teaching method used to help people with autism learn to their full potential and reduce behaviours which may harm.

All staff had completed an induction in line with required standards and had received regular supervision meetings with the registered manager. Appraisals were carried out annually, these had been completed recently and each member of staff had an action plan as a result. For example one staff member's action plan included being given more time to study for their diploma and being more involved in writing risk assessments and support plans.

Routines had been developed to support people with their daily personal care. These had been built up over time and included prompt cards. For example "Do I need a shower? Am I dirty?" This helped people understand that they might be dirty after working on the farm. By following the prompt cards people carried out their own personal care with minimal support from staff. Staff told us that mostly people followed their routines but if they did not want to do something they would say 'no.' One staff member explained that if this happened they would prompt the person by explaining that they might feel more comfortable if they had a shower. However, if they still said 'no' this would be respected. People's consent to care and support was sought and respected. Staff knew people really well

and were able to understand when people were happy or unhappy with an activity. People's behaviour when they were happy or sad was clearly described within their support plan and staff often asked people how they were feeling. They could therefore ensure that people only carried out activities they were happy to do.

Where people lacked capacity to make specific decisions the service acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who may not have the ability to make certain decisions for themselves at certain times. We found that staff had received training in the MCA and were able to describe the principles. The registered manager had recorded for each person, where appropriate, specific decisions which needed to be made. A mental capacity assessment had been carried out for each decision and best interest decisions recorded where appropriate.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and in some contexts Supported Living Services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We found that the registered manager understood when an application should be made and was aware of a Supreme Court Judgement which widened and clarified the definition of the deprivation of liberty. Relevant applications had been submitted for people.

We spoke with staff who had a good detailed knowledge of people's needs, their preferences, likes and dislikes. Support plans were in place which recorded people's support requirements. These matched what staff told us and our observations. For example support plans gave detailed descriptions under the headings 'what's important to me' and 'how to support me well.' One person's support plan stated that they liked their own personal space and disliked eye contact. The person's keyworker described how they used prompt cards to reduce verbal communication which could be distressing and gave the person space by walking a short distance behind them rather than next to them, so they could feel more independent. A key worker is a member of staff who has a special responsibility in that person's care and support.



## Is the service effective?

People using the service had special dietary requirements. They both had gluten intolerance and also needed to restrict sugar intake as this was a trigger to behaviours which may challenge. People accompanied staff to shop for food and were able to choose things they liked. Menus were designed by staff based on food chosen whilst shopping and known dietary preferences which had been informed by relatives. Menus displayed on the notice board in the kitchen demonstrated that people were eating a healthy balanced diet. Meals included pork shoulder and vegetables, beef brisket and chicken breasts. People also had access to healthy snacks which included gluten free biscuits and toast, yogurt, fruit bags and raw vegetables. Drinks were available all the time, people mainly drank water but also enjoyed other drinks such as milk shake and hot chocolate.

People enjoyed cooking the food they ate. Special cards had been prepared in order to support people to do this,

which provided a step by step guide to each stage of the preparation and cooking process. Eating was a social occasion and the two people using the service liked to eat together at the table.

Health professionals were appropriately involved in people's care. Relatives were closely involved in their family member's health care needs. Staff informed relatives when they noticed signs or symptoms indicating the person was unwell. Relatives took the lead in arranging GP appointments although staff members often supported the appointments too. The registered manager told us that he had requested psychological support for one person as he felt that further insight was needed in respect of particular behaviours. A psychologist had carried out a recent review and provided a report which directed further work and monitoring which needed to be undertaken.

# Is the service caring?

## Our findings

Relatives told us they were very happy with the care their family member received at The Annex. One relative said “I am so confident in everyone who’s working with (my relative). He’s in a really good place now.”

Staff were supportive and caring. We observed people receiving support in communal areas. They interacted in a meaningful way which people enjoyed and responded to. People were in daily contact with immediate family and maintained contact with other family members through text messages, email and social media. Staff were knowledgeable about people’s likes, dislikes and personal preferences. For example one member of staff told us that one person liked to go to the cinema. They said “We always tell him when he’s going to the cinema so he has a treat to look forward to.” People had a love of all things Disney and they were able to download Disney films to watch on television. They could also use their electronic tablet computers to look at things which interested them online and to maintain contact with family and friends. It was clear that family was important to people and staff supported people to visit family at weekends.

Staff regularly interacted with people to establish how they were feeling. One person had been given prompt cards which they could point to, to describe their feelings. For example, happy, hungry, angry. On the day of the inspection they told us they were happy using the prompt cards.

There were clear communication plans in place for each person because communication was very specific. Key words and phrases needed to be used. One person didn’t like to be asked questions so staff had to work in different ways with them in order to establish their preferences. For example, staff told us that sometimes it was better for a person if things were written down rather than spoken. Staff had taken a lot of time working with people and shadowing more experienced staff to understand how to communicate effectively and in a way which was not perceived as threatening. This meant that sometimes staff had to turn away from the person so they were not seen as confrontational. They worked hard to communicate with people in order to ensure they really understood the person and their needs. Communication was constantly evolving process for staff. Staff said they continued to learn from people about their communication needs.

Staff made every effort to maximise people’s dignity. We saw that people were dressed appropriately and looked smart. Staff knocked on people’s doors before entering and were respectful if people wanted time alone. Support was provided for personal care but often this was from a distance. For example people had prompt cards for what to do in the shower such as ‘wash your hair.’ Staff stood outside the bathroom and prompted them to do the next thing on the card. A female member of staff told us that if support was required in the bathroom during personal care she would get a male member of staff to protect the person’s dignity.

Support plans included a section entitled ‘What people like and admire about me.’ These included information such as ‘energy for life,’ ‘sense of humour,’ and ‘lots of friends.’ This showed that staff respected people and reflected positively on their skills and abilities, making people feel confident.

People were involved in developing their support guidelines as much as possible. Relatives were closely involved and people were present at meetings where their care and support was discussed. One person had a person centred planning meeting every six weeks. They attended the meetings and contributed where ever they were able indicating for example, activities in which they would like to partake.

People were supported to be as independent as possible. Everyone was supported to be involved in aspects of daily living such as hoovering and ironing. Tasks were built up slowly over time so initially a person would iron one t-shirt for example. Staff spent time teaching important life skills such as recognising the value of money. Initially people were taught to recognise notes and coins and the associated value. This skill was then transferred to a visit to the local shop where people would buy something and receive change in order to understand the concept of value. People were also supported in part time jobs such as grass cutting and newspaper delivery. Money earned from these jobs was put towards an activity chosen by the person, such as a train ride.

Staff described how they provided support from a distance making the person feel more independent. For example one member of staff described how they supported the person to work on a farm connected with the service. They

## Is the service caring?

described how they worked some distance away quietly monitoring the person and being available for support if needed, but giving space so the person could feel they were working independently.



# Is the service responsive?

## Our findings

Relatives told us they had been involved in the support plans, were kept regularly updated and were involved in regular reviews. We found that the service had worked with people through observation, preferred methods of communication and regular evaluation to ensure that support plans were tailored to people's individual preferences.

**Applied behaviour analysis (ABA)** is at the heart of all activities carried out by the service. It is a teaching method used to help people with autism learn to their full potential. The service has used this technique very successfully to enhance people's lives, reduce behaviours which may challenge and ensure a more fulfilling life for people.

All activities were broken down into achievable activities and then built up so that the person learnt incrementally. For example personal care tasks such as having a shower were broken down into steps and each step recorded on a prompt card. People gradually built up each step such as 'wash my hair' until they were able to complete all the tasks of personal care with minimal verbal prompting and referring to a laminated prompt sheet. All tasks of daily living were taught and built up in this way ensuring the person was always comfortable with what they were doing and not feeling anxious. The person was always aware of what was planned for the day ahead and how they would be carrying out activities. This led to a decrease in behaviours which may challenge and for one person, this led to a decrease in the dose of their medicine. For example one person required support from staff on a three to one basis. After living in the service and following the ABA program, this has now been reduced to one to one support when at home and two to one support when accessing the community. This has led to the person feeling more confident, improving their quality of life.

The service supported people during the day on a farm, owned by the provider. People worked on the farm building up tasks such as 'collect the eggs' in an incremental way using ABA. They earned a small amount of money each day which was shown on a board together with a picture of which activity they were working towards. For example, two people were working towards a trip on a steam train. This meant that the activities of daily life, such as a work ethic, were available to people using the service. The farm gave people access to other skills and opportunities such as

grooming horses and feeding animals. A member of staff contacted a recycling company and arranged for unwanted wood pallets to be delivered to the farm. People used this to build and maintain a raised garden. Pallets were also used to make herb gardens which could be sold. We saw bird boxes and platforms for goats around the farm which had been built by people. Bird boxes were also sometimes sold. The farm was large but with secure boundaries which meant it was safe for people to have some independence and freedom whilst working on the farm. They also contributed to the running of the farm demonstrating a meaningful life which they were paid for, undertaking trips and items of enjoyment that they chose

People learnt to communicate using specific words and phrases which gave them more control over their life and led to reduced behaviours which may challenge because people were able to convey thoughts and feelings. They also learnt activities of everyday life, such as the value of money. For example, using incremental methods people learnt to recognise and identify individual notes and coins and the value which was attached to them. Once they had learnt this, their skills were then transferred into everyday life, by going to the corner shop and buying small items with support of staff. People also had part time jobs which they were supported to achieve by relatives. One person had a monthly newspaper round and another person was supported to cut grass. This demonstrated to people how work was rewarded financially and money from these jobs was saved up for chosen activities. For example both people using the service enjoyed watching Disney films and they sometimes used their money to download Disney films to watch.

Staff took an active role and had exceptional skills in understanding people and working with them to develop their knowledge and skills. For example, one member of staff felt that people would be able to achieve a 'Duke of Edinburgh award' with appropriate support. The staff member researched this area and found a 'train the trainer' course for Duke of Edinburgh awards, which they are currently attending with a view to supporting people to eventually attain this award. Another member of staff, with an equestrian interest, has arranged a visit to a local riding stables which specialises in horsemastership for young people with learning disabilities, in order to learn skills which can be transferred to the service.



## Is the service responsive?

Positive risk taking was an important feature of people's learning and development enabling them to learn new skills which enhanced their quality of life. For example on the farm, people had access to light machinery which was fully supported and risk assessed by staff. People were also able to drive a quad bike which had a speed limiter on it. Other activities using tools, such as gardening and woodwork were undertaken at the farm, with great success. Taking these measured risks meant that people were able to achieve more and experience a quality of life which was enjoyable and meaningful to them.

Support plans included a range of documents which included person centred planning tools, daily support plans and risk assessments. Each support plan file contained personal details, important relationships, a one page profile, an 'important to me' and 'important for me' page, a typical day, communication plan, reviews and updated records, person centred review and outcomes plan. The support plans correlated with observations and descriptions from staff about how they supported people. This was a powerful demonstration of how people's assessed needs, wishes and skills translated into support plans and was delivered by staff who had a thorough knowledge of people they supported.

We reviewed 'what's important to me,' 'what's important for me' and a 'typical day' sections of people's support plans. They reflected what staff had told us about people and our observations. For example, one person needed a clear knowledge of their daily routine, access to the community and regular exercise. We saw prompt cards which reminded people of their morning routine enabling them to be confident about what was happening next. Records showed they visited the farm daily and carried out physical work on the farm. They were also supported to go mountain biking. Family was important to the person and they visited their family every weekend.

Positive behaviour support plans had been written in relation to people's very specific behaviours. This demonstrated that staff were aware of any triggers and what avoiding action to take. Staff knew how to deal with a person following a behaviour which my challenge ensuring they had time alone, if this was what they wanted, and how to ensure the person did not feel anxious by avoiding eye contact and turning away. Staff were able to describe people's known behaviours and how to work with the person to reduce these behaviours.

One person had a person centred review every six weeks which involved the person, relatives and key workers. Relatives said this meeting was extremely important to the person ensuring they were able to contribute their feelings and choose their activities for the next few weeks working towards chosen goals. People had regular access to the community enjoying meals at a local pub, attending local discos and also special events such as 'Irish night' and visits to a local night club where people had access to the bar and enjoyed a good night out. The service worked hard using ABA, access to the farm and other local opportunities to ensure that people experienced life to their full potential. People had responded positively with reduced behaviours which may challenge and showing they were calmer and happier.

Staff worked closely together to support people, regularly discussing how people were. There were daily conversations which took place at shift handover. Detailed daily notes were also kept which were used to inform staff about people's activities, what they had eaten and important information about their daily life which could impact on the person and any behaviour which may challenge. Staff told us they often discussed changes in behaviour or particular small incidents so they could all input their ideas about reasons for changes and possible measures and actions which could reflect positively for the person. Staff said they were learning every day and enjoyed the challenge and reward their job brought to them.

Feedback was encouraged and understood from people in the form of regular interaction and observation. Families were closely involved in people's support and were in contact with the service several times a week. They were able to discuss their ideas and views regularly with the registered manager. Staff meetings were also regularly held and staff told us they could use this forum to discuss anything. Brain storming was often carried out during staff meetings to generate new ideas and opportunities.

Feedback from a health and social care professional was very positive. Healthcare professionals said the service was focussed on person centred care. On going improvement was evident. They said that that the quality of the support provided was at a high level, "the individual support (my client) gets is very person centred."

Relatives told us they knew how to complain. There were no formal complaints because everyone, people, staff and relatives, were so closely involved in all aspects of the



## Is the service responsive?

service. Relatives were very complimentary about the service, describing it as 'giving them a life,' which they could enjoy in the reassurance that their family member was supported in the best possible way.

# Is the service well-led?

## Our findings

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager who, they told us, always listened and responded. One member of staff said “I feel I can approach (the registered manager) at any time.” The service had a pleasant atmosphere, where staff worked well together and supported the registered manager in his role.

Staff told us they were aware of their roles and responsibilities. There were regular staff meetings. The minutes of the last meeting showed, for example, that staff discussed how every activity had a directly responsible staff member, ensuring that everyone knew who was taking the lead in that area. There were clear cut guidelines which gave everyone responsibility. The agenda to the meeting advised staff to prepare to challenge and be challenged. Staff had clear input into the drive for improvement in the service and were in a position to challenge current practice and contribute to changes because challenge was regularly sought as a proactive method of improvement.

Each person had been allocated a keyworker, who had been chosen to match the person’s needs and choices of support. A key worker takes a lead role in meeting the support needs of the person and works closely with them to achieve this. The service saw the role of the keyworker as an integral part of support and had formally recorded the duties of a keyworker. This involved becoming the ‘expert’ on the ‘particular person’ and also imparting knowledge to other members of staff. At a recent team meeting keyworkers were requested to speak for three minutes about a person’s behaviour which may challenge and to demonstrate how they really knew the person.

The registered manager was clear that the aim for the service was to provide independence and employment for people using the service so they could live meaningful and fulfilling lives. This was supported by staff who were all working towards the same goal with the ultimate aim of reducing support to the minimal possible. Staff said they enjoyed their job and really felt valued by the registered manager and provider. The provider recognised that input from staff was important and staff responded positively to this. Staff were often ambitious in their aims for themselves

and the service and the registered manager told us that he always supported this. For example staff were ambitious for people, encouraging them to achieve their full potential such as completing the Duke of Edinburgh award.

The staff team had been carefully chosen to have maximum impact on people’s support. For example there was a mix of age, gender and skills which were used in different ways to support people. Young staff provided comradeship for people, whilst staff’s specific skills in woodwork, horticulture and equestrianism meant that people were provided with a wealth of knowledge and skill which supported all aspects of their care and support.

Staff told us how well they worked together as team and one member of staff likened the atmosphere to a family. Team spirit was supported by the registered manager who said he liked to be one of the team and lead by example. A recent team building event had been held which had raised money for some specialist tricycles. The event was especially tough involving staff completing a 12 mile course which included 28 obstacles. This helped the team to ‘gel’ in other aspects of life, not just work.

Staff received feedback from people on a daily basis through observation and interaction. Staff responded to people’s changing needs and wishes as they became apparent to ensure that people were at the heart of decision making. For example, when people demonstrated they wanted to be on their own, this was respected. Staff used communication plans and personal experience to ensure they were constantly aware of how people were feeling and responded to this.

The registered manager was aware of key challenges to the service, such as expanding the service whilst maintaining the current high quality of service. He wanted to ensure that the service continually offered new challenges for people and this involved being innovative and constantly evolving. He also wanted to ensure that career paths were available for staff so that they also had the opportunity to develop their skills and experience. There were immediate plans to develop the farm and planning applications had been approved for this. This meant the farm will include a canteen for people and shower rooms to clean up after dirty jobs. There will also be more classrooms and areas for learning specific new skills. Other plans involved using electronic devices to take pictures of activities during the day so that relatives were constantly updated.

## Is the service well-led?

Long term, there were plans to start a scheme for people with behaviour which may challenge, using all the knowledge and experience they are currently collecting in order that more people could benefit from a better quality of life. The service was constantly striving to develop, improve, learn and benefit more young people. The image portrayed by staff and people was positive and progressing.

Incidents and accidents were recorded and responded to appropriately. Records showed that incidents were followed up and investigated where necessary. Incidents

were always debriefed and analysed by looking at what happened, why it happened and looking at what changes needed to be made to preventative strategies. Constant learning was at the heart of all support and care.

The service maintained a detailed system of quality control to ensure the service was safe and to drive improvement. A record of daily checks was maintained such as fridge temperatures and checking electrical items. Weekly checks were carried out in respect of smoke alarms and a health and safety file was maintained to ensure the service was always safe. This included checking furniture, windows, and security. A monthly medicines audit was completed. No actions had been required.