National Star Foundation

Foundation House

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 24 and 25 April 2017. The service was last inspected in January 2015 when it was given a rating of Good.

Foundation House provides long-term residential and nursing care for people who live with physical and learning disabilities and acquired brain injuries. It is available to people either as a home for life or as a stepping stone towards further independence. The service is registered to provider care for up to 11 people. At the time of the inspection 11 people lived in the main home. People living in separate flats on site were not, at the time of the inspection, receiving personal care from the service. The service is run by the National Star Foundation and people who live at Foundation House have access to some of the facilities at the National Star College, which is located close to Cheltenham in Gloucestershire. The service has been fully adapted to accommodate people with the above needs and is located in a residential area near to the centre of Gloucester City. People told us this made it an ideal location for them to be able to access various activities, shops and places to eat and drink.

The manager had worked for the National Star Foundation for 15 years and was registered with the Care Quality Commission (CQC). 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.

Many people, although not all, had transitioned from the National Star College to begin their adult life at Foundation House. Wherever people had moved from their needs had been comprehensively assessed. This involved the person, their relatives, care and health professionals (including representatives of the funding authority) to ensure Foundation House was the appropriate place for them to live. Prior to moving in, people and their relatives or representatives could visit the service, obtain the views of those who were already living there and meet the staff.

During the admission process and later when planning people's care and support, staff were particularly skilled at supporting people to make their own choices and to discuss what was essentially important to them. Where people had complex needs and where engagement in this process was difficult staff worked hard to help them have a voice. Integral to the success of the service was the staffs' ability to include, consult with and listen to people and their relatives or representatives. This approach kept the person receiving care consistently at the centre of all care planning and decision making. People's care and support was therefore personalised and tailored around their personal needs, preferences and wishes. People were given control. A comment made by one person summed up the impact this approach had on them. They said, "Foundation House gives me freedom…. I've got control of my life now and I'm going to keep control."

People told us about the social activities they took part in and they were proud of the work they were involved in. Links with the wider community had been opened up and improved so people were supported

to become confident in using and contributing to their community. People wanted to be as independent as possible and there was a strong focus on supporting them to achieve this. Staff had a good understanding about what was needed to achieve this safely. Staff had helped people to recognise potential risks and to manage these safely. There were sufficient staff to provide people with the support they needed. The management staff consistently reviewed their staffing arrangements to ensure staff were available at the times people needed them to be. Staff were committed to supporting people in the best possible way and there were examples of where staff had been flexible in order to facilitate this.

People were protected from discrimination, abuse and unprofessional practice because the registered manager ensured the provider's policies and procedures, were adhered to. The registered manager was fully engaged with what was going on in the service and able to pick up on any poor practice, dissatisfaction or concern. Processes and practices which safeguarded people were woven into everyday life. The provider's policies and procedures on this were robust and people and their relatives were educated on the subject and knew who to report concerns to. Any form of discriminatory behaviour was not tolerated and people's diversity was celebrated. People's human rights were upheld and equal opportunity applied to all.

People were consistently supported to make their own decisions about their care and treatment and where they were unable to do this they were protected. The principles of the Mental Capacity Act 2005 were adhered to and also woven throughout people's care planning and delivery. Decisions around people's best interests were reviewed and re-considered to ensure these were still relevant. In order to apply these principles senior staff had been well trained on the subject. Staff received training to be able to support people's needs. Staff were able to develop professionally and were supported to take part in new initiatives. One member of staff described the training received as "formidable."

People's care was delivered in an exceptionally caring and compassionate way. Staff were extremely sensitive to people's feelings and emotions. They were skilled at picking up changes in people's emotions and mood and in helping them to work through these. They used particularly creative ways to facilitate communication with people with complex communication needs. Staff afforded people patience and time. Relatives were afforded the same high level of support and worked collaboratively with staff to improve people's lives. People had the freedom to make friends and relationships with those they chose to spend time with. Staff went out of their way to ensure people maintained links with those that mattered to them.

Good working relationships were in place with health care professionals and people's health was consistently monitored in order to ensure people's well-being. People had access to many different specialist practitioners to help maintain their health and to promote their independence. People received the support they needed to eat, drink and take their medicines. Where funding could not be obtained for therapies, which people would benefit from continuing to be involved with, often these were subsequently provided by the provider.

People were supported to take part in the activities of their choice. Where people had wanted to be involved in work they had been supported to do so. The service had made community links, which helped people who wanted to and who were able to, apply for paid work. The service was responsive to supporting people to achieve their goals and aspirations. Staff with specific skills and knowledge were available to teach people new life skills which prepared them for adult life and possibly more independent living.

The service was managed by an effective and committed leader [the registered manager] who worked alongside their staff team to improve people's lives. The registered manager was consistently looking for ways to improve the service generally and to improve the opportunities on offer to the people in their care. They communicated their values and visions effectively and people, relatives and staff were all signed up to

these. There were robust quality monitoring processes in place which enabled both the registered manager and provider to assess the standard of service provision and the levels of compliance. There was a desire to act on all feedback received, whether good or bad, in order to better the service. Links with other sector bodies, forums and committees helped the registered manager to stay well informed and they used this knowledge to ensure their service delivered best practice and the best options for the young adults they looked after.

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.

There were arrangements in place to keep people safe and to support them to maintain their own safety.

People were protected from potential abuse and discrimination. They were made more aware of potential risks and supported to learn how to manage these.

Particular efforts were consistently made to not only ensure there were always enough staff on duty but so that people could receive care which was tailored specifically to their needs.

Good recruitment practice protected people from those who may be unsuitable.

People's medicines were managed safely and they received these when they required them. People who were able to self-medicate were supported to do this.

People lived in a safe and clean environment where risks were identified, assessed and managed correctly.

Is the service effective?

Good

The service was effective.

People's health care needs were consistently monitored and met. People had access to specialist health care professionals when they needed this.

People's needs were met by staff who had been trained and supported to meet these.

People were supported to make their own decisions. People who lacked mental capacity were protected because the principles of the Mental Capacity Act (2005) were adhered to by the staff.

People received support to maintain their nutritional well-being.

Is the service caring?

Outstanding

The service was outstandingly caring.

People were cared for by staff who were exceptionally kind and who delivered care in a compassionate way. Staff were particularly skilled at empowering people with complex communication needs to make their thoughts and feelings known. They provided encouragement and support to family members who they actively welcomed and kept included in people's lives.

People's preferences and wishes were explored in great detail and their care and support specifically tailored around these.

Staff went out of their way to help people maintain relationships with those they loved and who mattered to them. Individual friendships, which were important to people, were encouraged and supported.

People's dignity and privacy was maintained and they were protected from any form of degrading treatment.

Is the service responsive?

Good

The service was responsive.

People were kept at all times at the centre of the care planning process. This ensured the care, treatment and any other support remained totally tailored to people's specific needs and goals. Where appropriate, people's family members and representatives were supported to be involved in this process so they could talk on behalf of their relative. People's support was organised in a collaborative way, with them and those who mattered to them.

People were provided with opportunities to take part in meaningful activities. People who wanted to and who were able to do so were supported to find voluntary or paid employment. People's diversity was celebrated and equal opportunities were afforded to everyone.

There were arrangements in place for people to formally raise their complaints and concerns. People and relatives were confident in knowing that they could come forward, discuss any concerns they may have and know these would be listened to, acted on and the issue resolved. A proactive approach by the registered manager ensured any problems were picked up early and dealt with.

Is the service well-led?

Good

The service was well-led.

People had benefitted from living in a service that was managed in an effective way. Consistent good management had led to sustained improved standards of service provision.

Staff, community and financial resources were all used effectively to enhance opportunities for people and improve their wellbeing.

The views of people, relatives and staff were consistently sought and acted on, which resulted in improvements being continuously made to the service.

People had been protected by the provider's own robust and effective monitoring systems. This helped to ensure the service performed at a high level and met with all required regulations and legislation.

Foundation House

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 April 2017 and was unannounced.

Prior to the inspection, we reviewed the information we held about the service. This included the Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted to the Care Quality Commission in February 2017. We reviewed statutory notifications. These contain information about significant events which the provider is legally required to inform us about.

The inspection was carried out by one inspector and an expert by experience who was assisted by a personal assistant. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case they lived with a physical disability and had used similar services.

During the inspection we learnt about people's experience of the service by talking with eight people who lived at Foundation House and four relatives. We spoke with staff which included two senior managers who represented the provider, the registered manager and the nurse (clinical) lead. We also spoke with two senior care staff and five other members of the care team. At Foundation House, staff who support people are known as facilitators. However, for the purpose of this report they have been referred to as care staff. We also spoke with staff responsible for maintaining the building and preparing food.

We reviewed records and documents. This included two people's care files in full and various care records pertaining to certain aspects of other people's care. For example, medicines management, skin care, wound care and bowel care. We reviewed records such as mental capacity assessments and records relating to best interests decisions. We also reviewed records relating to the maintenance of the property and safety checks. We reviewed two staff recruitment files and the service's training record. We read a selection of home audits

and the results of independent audits carried out on behalf of the provider. We reviewed the complaints log and complaints procedures. We also read some of the compliments received by the service. We reviewed the safeguarding policy and procedures.

Good

Is the service safe?

Our findings

The service took steps to help people maintain their own safety. Opportunist thefts, by persons outside of the service, had taken place. The provider had acted quickly and taken advice to prevent a reoccurrence. The security arrangements had been altered. The registered manager said "We had to quickly and completely redo the security.'' Staff had worked with people, to help them regain their confidence in using the local community. People had been reminded to be more mindful of their property and of who were around them. Personal safety alarms had been purchased for people who lived at Foundation House and for those who worked there. We observed the newly improved security arrangements working. Additional CCTV had been installed outside and was monitored. Changes in the checks on visitors had been introduced. People who lived at Foundation House no longer let visitors in. This ensured the appropriate checks were carried out. People told us they did not regard this as an infringement, but instead told us they felt reassured. One person said, ''It's very safe here. No one can come in without an identification badge." One parent told us how reassured they had been in how the provider had responded to these incidents. They said "They [the management] had gone into action. It was very reassuring the way the college, National Star, [the provider] had responded.'' Another parent said, "Residents have been obviously unsettled by this", but they confirmed staff had helped to reassure people. Another person said they felt "very safe."

People were protected against potential abuse, discrimination, bullying and harassment. Provider policies and procedures followed national guidance and staff worked with external agencies to protect people. Both people and immediate relatives were supported to learn about these subjects. Additional discussions had been held with people regarding the potential risks when using social media and around radicalization. Written and pictorial information reminded people about who to talk with if they had concerns. An open and relaxed culture made it easier for people to raise any concerns. Advice and help on safeguarding people was also provided by the provider outside of main office hours. Staff received training on how to safeguard people and who to report their concerns to. The registered manager said, "Safeguarding is a standard agenda in the staff supervision process." Staff were used to discussing these subjects and therefore had a high understanding of what was needed to protect people. We spoke with one parent who said, "I have not one qualm about [name's] safety in that respect." The Provider Information Request (PIR) stated the registered manager was a member of the provider's operational safeguarding board. This ensured that all policies, procedures and working practices followed national guidance and protected people. Other provider policies and procedures were designed to safeguard people and keep them safe. For example, those related to: safe staff recruitment, whistle blowing and working within professional boundaries. A senior manager told us each department and staff member, throughout the organization, were aware of their safeguarding responsibilities.

People's individual risks were identified and the strategies to manage these were altered as required. Risks assessments gave staff guidance on how to manage various risks and these were reviewed and kept up to date. Risks related to, for example, how people were moved. Potential risks were discussed and people were helped to understand and manage these. One parent told us their relative was unable to make the decisions needed to keep themselves safe. They said, "They [the staff] are exceptional in the way they keep [name] safe." They went onto say, "[Name] feels secure." This parent told us they knew this because their relative

now exhibited less unpredictable behaviour, which they did when they felt insecure.

Where people's behaviour potentially compromised their safety, specific protocols were followed. This was to ensure the person received the support they needed in a safe way. Where needed, the provider's psychology team provided advice and support to staff on how to manage people's behaviour. In some cases they had also advised people on how to respond to another person's behaviour. Three people had behaviour management plans in place. The staff training record showed that care staff had received training in managing people's behaviour which could be perceived as challenging, as well as people's distress and anxiety. People were supported to express their anxieties and frustrations in a safe way. They were supported to understand triggers, why emotions occurred and then ways of managing these. For one person, this involved writing these down and for others it involved talking about them or expressing them through art or another activity.

Accidents were recorded and reported to senior management staff. The lead up to any accident was analysed and trends and patterns looked for so that appropriate strategies could be adopted to try and avoid a reoccurrence. Incidents assessed as near misses, automatically triggered immediate actions to be taken in order to keep a person safe. For example, one person had a choking episode which was not expected and resolved successfully. However, the fact this had happened automatically triggered a referral to the speech and language therapist (for a swallowing assessment), an alteration in levels of support and supervision provided at mealtimes and an amendment to the person's risk assessment and support plan. The person was supported to recognise what foods were potentially hazardous to them. The person had been actively supported to be involved in managing this personal risk and to help maintain their own safety.

There were enough staff present to provide people with support and care at the times they needed this. Since they had started in post, the registered manager had increased staff numbers and altered shift patterns. This was so care could be further tailored to people's personal needs. The recruitment of nursing staff had proved challenging but there was now a good mix of skills which included, general trained nurses as well as learning disability trained nurses. Nurses were not present twenty-fours a day, however, people's care was planned by nurses and advice related to this could be obtained at any time. The nurse lead worked regularly with care staff who were aware of people's health needs.

Staff recruitment files demonstrated that appropriate checks had been carried out before staff started work. These included clearances from the Disclosure and Barring Service (DBS), references and a review of the potential staff member's employment history. A DBS request enables employers to have the criminal records of employees and potential employees checked, in order to ascertain whether or not they are suitable to work with vulnerable adults or children. These checks assisted the provider to make safer recruitment decisions. The provider had clear disciplinary procedures in place which protected people from poor practice. We reviewed these processes with the registered manager and found they had been appropriately implemented when necessary.

People received their medicines safely and when they required them. All medicines were stored securely and at temperatures recommended by the manufacturer. A new medicine system had been introduced to ensure people were further protected from potential medicine administration omissions and other potential errors. The provider's audit arrangements already ensured best practice was followed. Only staff who had been appropriately trained managed people's medicines. Staff also had to complete regular competency checks to be able to continue administering medicines. Medicines, in particular those which were prescribed for use 'when required' had the necessary additional guidelines in place to ensure their safe use. Where people had been assessed as able to self-administer they had been supported to do this. People's right to refuse their medicines was understood by staff but closely monitored, as for most people, taking their

medicines was a necessary requirement to maintain their well-being. Any on-going issues related to this were discussed with the person's GP. There were no medicines administered covertly (without the person's knowledge, for example hidden in their food) at the time of the inspection. We were informed that if this were necessary the principles of the Mental Capacity Act would be applied.

People lived in a safe environment. The registered manager said, "Health and safety is everyone's responsibility." Staff carried out relevant checks and health and safety awareness was discussed with people. The registered manager had secured additional hours which had resulted in a permanent maintenance person to be employed at Foundation House. People lived in an environment where improvements were continually being made and where they were involved in planning these. Regular health and safety related checks were completed and records kept of these. Specialist contractors were used to ensure systems and equipment were serviced. Risks relating to fire and Legionella were assessed and managed. In 2016 the registered manager had invited local fire safety officers in to advise on any further improvements that may be needed. The advice given had been acted on. They had also requested that they speak with people who lived at Foundation House about fire safety awareness which they did. An unannounced fire evacuation drill had taken place two weeks prior to the inspection. This had involved people as well as staff and we were informed that the response had been very good. People lived in a clean environment where good control measures were in place to prevent the spread of potential infection. For example, all cleaning equipment was colour coded to ensure it was used in appropriate areas. The kitchen's procedures and staff practices had secured a rating of '5' from the Food Safety Agency. This is the highest rating given and means cleanliness and food safety arrangements protected people.

Good

Is the service effective?

Our findings

People's health needs were well known to the staff and consistently met. One health care professional told us, "I found the staff to be very knowledgeable about my client's care needs." Staff ensured people had quick access to health care professionals when they needed it. Staff were skilled, knowledgeable and able to recognise deterioration in a person's health. They responded quickly to these situations.

People's health needs were reviewed and care and treatment provided and altered as required. One relative said, "In terms of [name's] physical needs, these are met fully." They went on to say the care provided was "second to none." Another relative told us an issue with their relative's health had been "immediately dealt with" which had avoided further distress to their relative. Another relative told us how well their relative's complex health needs were met. In relation to these they said, "The staff know [name] so well, they just know if [name] is in pain or poorly." One senior member of staff said, "The team work fantastically together" when meeting people's health needs. They went on to say that deterioration in one person's health was avoided through "the pure diligence" of the care staff involved. This person had been challenging to support but staff had known how to communicate and respond to their anxieties which resulted in them being able to provide appropriate treatment.

We spoke with the lead nurse who coordinated and supported the nurses and care staff to meet people's health needs. Some people's health needs were complex and life enduring. An effective and close working relationship with external health care practitioners and specialists was therefore integral to maintaining people's well-being. Staff worked alongside people's GP's, speech and language therapists, dieticians, physiotherapists, occupational therapists, psychologists and mental health practitioners to achieve this. Where required a multi-professional review of a person's health need took place so that a holistic approach could be planned. One example of this had been following a person's counselling sessions with an external professional. Staff and professional took time to discuss and plan the support required for this person moving forward.

Staff responsible for people's health needs carried out an additional handover meeting at the end of each shift which solely focused on people's specific health needs. We attended one of these meetings which comprehensively covered all aspects of people's health needs for that day. It also included an update on people's health status. Areas of health care discussed included, the maintenance of people's PEGs (Percutaneous endoscopic gastrostomy, a medical procedure in which a tube (PEG tube) is passed into a person's stomach through the abdominal wall), medicine administration and the administration of medicines through a PEG, wound care as well as people's bowel and bladder treatments. This ensured that all pertinent medical and health care information was communicated effectively and no necessary care, treatment or information was missed.

All staff had received training on how to meet the physical, psychological and social needs of those in their care. Induction training was provided when staff first joined Foundation House by the provider who had their own training department. Training was also sourced, as needed, from specialist practitioners. Staff new to care were supported to complete the Care Certificate and to gain confidence and competency. The Care

Certificate is a framework of training and support which new care staff can receive. Its aim is for new care staff to be able to deliver safe and effective care to a recognised standard once completed. One member of staff said, "I was flabbergasted at the level of the induction training." The Provider Information Request (PIR) told us most staff had completed a recognised additional qualification in care and the training records confirmed this. New staff to Foundation House were allocated experienced members of staff to work with. They also met on a regular basis with senior staff to review their progress. We saw records which demonstrated this process had taken place. All staff had to successfully complete a probationary period. Staff training was on-going once the probationary period was completed. All staff had to attend training updates. One member of staff said, "The training is exceptional" and another described the training as "formidable."

Some procedures and tasks, such as those discussed in the health handover meeting, required additional knowledge and skills. Staff were appropriately trained and only carried these out once assessed as competent. All staff's competencies, in the practices they were required to carry out as part of their role and responsibilities, were checked annually. We saw records which confirmed this process took place. There were set arrangements in place to further support staff if they failed any part of these competency checks. This may include additional practical support or further training or a mix of both. The registered manager was actively involved in working alongside staff to help support best practice. Records showed that one member of staff had completed five shifts with the registered manager so that they could act as a mentor and increase this staff member's confidence.

The registered manager was keen for staff to further their professional knowledge and self-development and he gave staff the time and support needed to do this. One member of staff spoke with us about the support the provider and registered manager had given them. They told us they had been able to develop their career to date with the National Star Foundation (the provider) and had been given subsequent opportunities by the registered manager to further their experience. Records showed that staff received support (supervision) sessions where they were able to talk about their learning needs and progress. All staff completed an annual review of their performance and achievements with the registered manager. In these meetings the next year's objectives, goals and aspirations were discussed and planned.

Senior staff had an in-depth understanding of the MCA and how it must be implemented in order to protect people. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We observed people to be fully involved in making all sorts of daily decisions. People who required additional support to achieve this were provided with this. Staff understood that people had the right to make un-wise decisions, but, they also provided opportunities for people to reflect on these and learn from them. Consent was always sought from people before staff carried out any care or treatment. Where people were unable to provide consent or make an informed decision, their mental capacity in relation to the decision needing to be made was assessed. We saw mental capacity assessments recording this process. People's capacity to make decisions, or not, was threaded throughout their support plans. Staff were therefore aware about what decisions people had been able to make, what decisions they had not been able to make, what decisions had subsequently been made on their behalf and in their best interests and what decisions people needed support with.

Best interests decisions were comprehensively recorded. Records showed who had been involved in the decision making and who had been consulted. Appropriate people were involved in this process which included for example, people's relatives and other representatives, GPs, other professionals and care staff.

Staff were aware of who held power of attorney for health and welfare.

One person's mental capacity had been assessed in relation to the use of bed-rails. In this case, the person had been assessed as having capacity to understand why these needed to be used and to provide consent for their use. Another person's records comprehensively recorded the best interests having been made. These related to: their finances (managed through the court of protection), medicine administration, continence care, monitoring of nutritional intake, medical interventions and personal care. The person's relatives had been consulted and had been able to speak on behalf of their relative. The registered manager explained that where people did not have suitable representation, staff would ensure they had access to an independent mental capacity advocate (IMCA).

Where people's liberty had been deprived in order to provide them with the care and treatment they required, appropriate steps had been taken to ensure this was done lawfully. People can only be deprived of their liberty to receive care and treatment when it is in their best interests to do so and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection three people were living at Foundation House with DoLS in place. These had been authorised by the supervisory body, the county council. These examples demonstrated that the staff knew how to fully implement the MCA. They understood the spirit in which the Act was intended, which afforded exceptionally vulnerable people the protection they required.

People's nutritional needs were met and any related risks identified and managed. Staff supported people to eat and drink in a healthy way. People's weight was monitored and the level of their nutritional risk determined how often this was checked. Any concerns relating to this, appetite or people's ability to swallow were discussed with the person's GP. Referrals were then made to appropriate specialist practitioners. Some people had complex nutritional needs which staff had been appropriately trained to meet. Staff liaised with speech and language therapists as well as dieticians to ensure people's nutritional well-being. Two people were reviewed by the NHS Enteral Nutrition team on a regular basis. This team advised staff and monitored people to ensure they received an adequate nutritional intake through their PEGs. Staff who prepared people's food were aware for example, of the texture people needed their food to be to prevent them from choking.

We observed people receiving various levels of support at mealtimes from unobtrusive monitoring to being supported to eat their food. We observed mealtimes to be opportunities for people to come together and despite people's needs, they were social events. People had a choice in what they ate and when they ate their main meal. Two people had been elected to be menu representatives. Meetings were held between the representatives and cooks so people's ideas about what they wanted to eat were fed back. People were supported to be involved in preparing their meals despite their physical disability. One person did this by a specific piece of kitchen equipment being electronically linked to the control switch on the wheelchair. This meant they could switch this equipment on and off and help with the preparation of their meal.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives told us staff were exceptionally caring and patient. One relative described staff as having a "great rapport" with their relative. Another relative described how their relative, for the first time ever, since receiving care had been so thankful for the staffs' kindness they had wanted to buy them a gift. This relative described this as a true departure from how their relative had felt about staff in other care services. Another relative became emotional when telling us about how "exceptionally kind" staff were to their relative and how they had also supported them personally. Staff were skilled at communicating with people and getting people to talk with them about how they felt. They knew people extremely well and were able to pick up on their anxiety, sadness or distress quickly and take measures to help resolve these feelings. Staff were compassionate, showing in their actions and approach that they were sensitive to people's feelings and emotions. One member of staff said, "I think obviously we get very attached to them [people] so we feel upset for them.'' The registered manager told us the team culture and ethos has been strengthened by talking with staff about what they thought a 'Kind, Caring and Compassionate' service should look like. Staff had particularly fed back a desire to discuss these values and how they would be integral to how things were done at Foundation House.

People were supported by staff who were exceptional at helping them to express their views, so they and others understood things from their point of view. Staff and management were fully committed and went the extra mile to ensure that people with limited or no verbal communication would always have the support they needed to make sense of their world and be part of making decisions about their care. For example, two people with complex health and communications needs had fallen ill unexpectedly. Once staff realised that hospital admissions were required senior staff immediately put a crisis plan into place. This involved adjusting the staffing rosters so that each person could receive one to one care from staff who knew their communication needs well whilst they were in hospital. One senior member of staff commented that staff had "pulled together" to make this happen. The registered manager explained that staff had volunteered to stay on duty late or carry out extra shifts so that the most appropriate members of the team could attend to the person in hospital.

In one person's case, although the hospital had learning disability liaison nurses and Foundation House had completed the appropriate information documents, ward staff required support from Foundation House staff to interpret the detailed and specific support plans around this person's disability and communication. This ensured this person could be communicated with which enabled hospital staff to carry out their treatment. It ensured that the person and their and their relative were reassured that their needs were still being met in the highly personalised way they needed to avoid anxiety and distress.

The other person's communication was more limited and complex and only known to people close to them and the staff who delivered their care at Foundation House. The registered manager told us staff were so "in tune" and able to communicate with this person that they quickly picked up something was wrong. Staff appropriately trained to do so were then able to carry out certain health checks, interpret these and realise that medical help was required. Staff again altered how they worked and a member of the staff was in attendance, supporting this person's care in hospital. For another person staff were able to teach hospital

staff how to attend to one specific part of the person's care which hospital staff had not experienced before. Staff's understanding of people's complex communication needs had ensured they would continue to receive caring, familiar and compassionate care whilst in hospital.

Staff explained there were some people who required particular patience and time to communicate their feelings. We observed one member of staff comforting one person. They held the person's hand and gave them their undivided attention whilst the person explained their problem. Another person told us staff helped them when they felt sad and their relative said, "[Name] is now happy, more relaxed and living life." This person experienced sadness and anxiety due to their lack of independence and control in their life, due to their disability. Staff had worked closely with them to help them switch some control to themselves in order to reduce their anxiety levels. Creative communication tools had been used to achieve this. For example, pictorial prompts, association with sayings which made the person feel calm or happy and the use of writing thoughts down. Through the use of pictures supplied by the staff this person could now advise staff on what they specifically wanted done to them. This had switched control to them and away from staff which had helped them to identify the triggers for some of their anxiety. They learnt how to start managing these and alter the levels of anxiety they experienced. This had taken time and patience and was still work in progress but it had also taken trust on the person's behalf to work with the staff and achieve what they had so far.

People and their relatives were supported to manage their fears and concerns when making the transition from full- time education to young adult life. Many people we met had transitioned from the National Star College when they had reached adult age or completed their education. Others had come to live at Foundation House from other places. To help prepare people to make an informed decision about whether they wanted to live at the care home people could receive visits from staff and had been given the relevant information to help them decide. They could spend time at the care home meeting staff and the people already living there. Staff were skilled at making sure people and their relatives were as fully engaged in this process as they could be. This included times when this was not easy and when relatives were anxious or distressed. One parent said, "For [name] consistency is the priority and through the transition [the move to Foundation House] [name] was supported incredibly well."

When people moved into Foundation House they were able to make plans with the maintenance person, regarding the decoration of their new bedroom. This would then be decorated in whatever way or colour they wished. We were told that in one person's case the maintenance person had altered the colour several times until the person was happy. One professional who had supported a person to move to Foundation House commented, "My client was certainly able to put their own stamp on their room and I think this would be the same for all residents there." Once people had moved in, they were introduced to a member of staff who supported them and given a 'buddy'. This was a person already living at Foundation House, who would offer them support and show them around till they were settled into their new home.

People were provided with the emotional support they needed, when they needed it. The registered manager told us people often liked to come into the office and just talk and, on some occasions, it was obvious this needed to happen then and there. We observed this happening during the inspection. The registered manager said, "I just stop what I'm doing and listen." Where required, people had access to the provider's specialist psychology team. One parent explained that the level of attention given to their relative's specific psychological needs was so good it had prevented a future in more restrictive care. They told us this had been anticipated for their relative by specialist practitioners. The impact of the support provided by Foundation House was described well by this relative who went on to say, "[Name] now has quality of life." Prior to their admission this person had a very comprehensive behaviour management plan in place. This had been devised with the involvement of several specialist therapists and initiated at one of

the provider's other services. It was therefore crucial to this person's future that this specific and successful behaviour management plan be continued when they moved to Foundation House. Therefore extraordinary steps were taken and their keyworker's (a member of staff allocated to work particularly closely with a person) transfer to Foundation House was organised to happen at the same time. This ensured that continuity in how this person was supported remained in place. Another person told us they had applied for further professional support to help work through their emotions as they felt this would help them. They told us their keyworker had given their decision their full support and was helping with the arrangements for this.

People's ability to maintain relationships with those who mattered to them and their right to private family life was integral to the support staff provided. Staff advocated for people and went out of their way to overcome obstacles to facilitate this. In one person's case it was impossible for their family to visit as they lived some distance away. Staff had recognised that contact with their family was important to this person so a case was put to the provider by the registered manager to be able to finance the travel and staff to accompany them. This was agreed and this person was now supported to see their family on a frequent basis. Another example had included staff supporting a person to spend time with their relatives at Christmas; without this support this would have been impossible. Again, time was allocated and the cost covered to facilitate this. Staff had started by making short visits to the relative's home beforehand so that by Christmas, when they escorted the person and stayed with them for the day, it was familiar and not stressful for the person. A sudden change in one person's safe moving and handling needs occurred just before a planned break with family. The lead nurse told us how one of their staff had worked hard to coordinate and organise what was needed at the last minute. Advice had been sought from the provider's dedicated moving and handling team, instruction for the relatives had been organised from appropriate professionals and suitable equipment sourced so that their visit could go ahead.

Family members and friends were able to visit whenever it suited their relative. There were no restrictions imposed on when visitors could be received and none on when people went out with family or friends, unless these were part of an agreed safeguarding strategy. In such cases visitors were supervised by staff in order to safeguard people. One person told us about a very special relationship they had and how they received support from the staff to maintain this. One relative told us about how they now "never felt restricted" in planning their relative's involvement in family gatherings. This was because staff had supported their relative to attend numerous family events. In some cases staff supported people to remain in contact with those who mattered to them but who were further away by for example, telephone or Skype. We saw pictures on the walls of people, their families and friends as you would probably see in a domestic home. This gave a real sense that Foundation House was people's home. One person compared Foundation House with another place they had lived and said, "Here is an actual home.''

People's right not to be treated in a degrading way was upheld and supported. We observed staff being respectful towards people and upholding their privacy and dignity. For example, personal care took place in private in bedrooms or bathrooms with the door closed. One relative told us about the personal care their relative required and they said they were "treated with great dignity." We observed staff making themselves aware of who was around them before they discussed anything with colleagues. Health and care related issues were kept confidential and talked about in private. People's care and health records were kept secure. We spoke with one person about how comfortable and able they were to talk with staff about intimate things which they needed support and advice on. They told us they had particular staff they preferred to talk with about such things. They said, "They [the staff they talked with] are all lovely and so easy to talk to it's not a problem." This demonstrated that people had built up trusting relationships with staff and were able to talk with them freely. It showed that staff were respectful of issues people considered to be personal and they went out of their way to make them feel comfortable about these. Other comments

which showed people felt relaxed and happy with the relationship they had with staff included: "I have good banter with the staff'' and "They [staff] are like family." We observed a lot of banter and laughter taking place but we also observed sensitive and serious interactions when it was needed.

Good

Is the service responsive?

Our findings

People received care which was flexible and responsive to their individual needs and preferences. Staff had a good understanding of the needs and aspirations of the young adults they supported. They enabled people to live as full a life as possible and to develop the skills they needed to equip them for adult life. One person told us "Foundation House gives me freedom. I have got control of my life now and I'm going to keep control." Feedback from one health care professional praised the rapport staff had with their client. They commented, "They [staff] appeared to be keen to empower [name] and allow [name] to be independent wherever possible." They went onto say, "The staff had provided the right environment for my client to flourish."

One parent told us they considered the registered manager to be "brilliant at facilitating activities." People told us about their opportunities for taking part in activities, hobbies and voluntary work. One person said, "I have just been to work; done it for a few months.'' It was obvious from the way they spoke that they really enjoyed being independent and going to work. Another person was watching their favourite sport on the television and was very animated by this and a staff member told us they had attended live events together. Another person told us they [speaking collectively for others] were "able to do anything really" when it came to social activities. They said, "We do what we want." This person was going to the pictures with other people to see a film they had all wanted to see. Another person said, "I have lots of friends." This person went on to explain that they preferred to socialise with friends that they had outside of Foundation House and were supported to do so. People were also supported to maintain their romantic relationships. We observed another person completing some study they had chosen to undertake and another person dancing to music with a disco light on. It was clear from these conversations and observations that people were supported to socialise, take part in activities that they liked and enjoyed and which enabled them to live their lives as fully. Where possible they were also supported to do this independently.

Staff supported people through the service's 'Life skills programme' to develop skills for example in self-care, travel, work and community engagement and to try new things so that they could lead increasingly independent lives. People's skills development goals were planned proactively in partnership with them so they felt consulted, empowered, listened to and valued. For example, one person had been supported to develop their travel skills. They had always taken a particular and familiar route when they went out. However, they wanted to visit somewhere new and were fearful of the new route and potential obstacles, such as uneven pavements and road works. Staff had walked alongside this person's wheelchair and gone through the new route with them. They had discussed with them their options when they came across obstacles and had talked about various potential scenarios. This had enabled this person to visit their new place of choice and develop confidence with traveling independently.

Another person had wanted to increase their social opportunities, but at times when more potential risks could present themselves. These potential risks were discussed with them and on their first outing, at the person's request, a member of staff was present but remained in the background as agreed. This support progressed to the person going out alone, but the member of staff assisting them back to Foundation House if needed. Reflective discussions had followed with the person about what had gone well and what could

have been managed differently. The staff member told us they had been keen to support this person's desire to socialise with friends, but, had wanted to ensure they did this safely.

Staff recognised people's preferences and knew how to meet them but sometimes they were able to provide additional suggestions and ideas that might help the person enhance their wellbeing. For example, one person was disinterested in eating their meals. Staff had suggested that an outing may be a good idea and the outing included having a meal together which the person liked the idea of. Another example involved the planning of one person's holiday. The person wanted to go on holiday but had not been able to decide what sort of holiday they wanted. Staff were aware of what activities the person enjoyed and what their particular interests were. They therefore made decisions about this holiday based on this knowledge.

Some people were supported to obtain and maintain work placements. The registered manager told us "What some of them [people] really want of course is an opportunity for paid work." They were working with community employment groups who helped people prepare and apply for paid work. Two people had already started this process and one subsequently secured a job. The person told us "I have to be motivated in the right way, the staff have to motivate me because I won't lie it is hard." This person went onto describe some of their future plans, what they wanted to achieve and what would be life changing for them. They told us the way staff had supported their goals and aspirations had given them the confidence to try and achieve these. They were already doing things that were of enormous change for them and they said, "I'm doing things that I would never have thought possible." This had included new life skills which included, learning how to do domestic chores, consider their finances, taking part in meaningful activities and seeking paid work.

The service was reviewed and altered to be able to support people's individual needs. The registered manager told us that adjustments were continuously being made in order for staff to be better able to accommodate people's individual choices, needs and aspirations. One member of staff told us about the adjustments made to the weekend shifts. They told us they were now able to work longer shifts (at the weekends) in order to support people's activities. They said, "We can take them [people] out further afield to concerts.'' They went on to explain that this change had brought increased flexibility for people.

People were given the opportunity to raise their views about decisions made in the service which might affect them. For example, at the monthly resident meeting, any new admission to the home was appropriately discussed with the people who already lived there so they were aware that a new person would be joining them. At this point, people would decide with the staff how they would support the person to settle in. Any additional support the person might need to manage this change would be included in the transitional support arrangements. This provided an opportunity for people to build new relationships and supported the development of skills needed to manage change.

People's environmental needs had been met. Generally we observed an environment which had been adapted to support people's independence despite their physically disabilities. For example, floor levels were the same and floor coverings were smooth and non-slip. Slopes made outside spaces easily accessible. Electronic doors allowed easy passage through the building and doorways were wide enough for wheelchair use. Bathrooms contained fixed specialised equipment for bathing. Furnishings were well spaced out allowing people to comfortably negotiate all areas of a room. Specific changes and adaptations had then been made to accommodate people's individual needs. One person had found it difficult to reach their own sink. This had presented them with problems maintaining their own personal hygiene and independence. As soon as the registered manager had been made aware of this they had organised a change in sink height which enabled the person to regain independence. In one person's case adaptions and alterations had been made to support their emotional needs. We were told this had significantly enabled this person's quality of

life to be improved.

Staff had worked closely with external health care professionals to ensure people's health needs were met in such a way which would also promote their independence. For example, helping people to learn and gain confidence to self-catheterise had resulted in more freedom for some people. It had meant they could be away from Foundation House for longer periods of time. This had led to an increase in opportunities for activities and work. Another example of staffs' commitment to improving people's independence through the appropriate management of their health needs had been achieved by staff working closely with the NHS continence service. Staff had completed assessments and put forward a case for one person's better access to the 'appropriate' continence aids. This again had enabled this person to have longer periods of time away from Foundation House so they could take part in activities of their choice.

People's diversity, rights and opportunities were treated equally and were celebrated. The resident handbook stated, "Equal opportunities mean that everyone in Foundation House can expect to be treated fairly. It does not mean that everyone will be treated the same, as different people may need to do things in different ways, or will require different types of support to achieve the same things. Foundation House is committed to recognising this and promoting individual opportunities." People's religious beliefs were respected and they were free to worship as they chose to. Any specific cultural beliefs and needs would be met but there were no specific cultural needs for us to explore during this inspection. Any specific requests for same gender or different gender support were respected and met. Staff had received training on people's human rights and how to support equal opportunities.

People and their relatives told us they knew how to raise a concern or make a complaint. One relative said, "They [staff] take the time to sort out any issues and worries I may have; big or small. Things are dealt with superbly." Information about the complaints procedure was provided to people and could be provided in a format which met people's needs, for example, easy read. The registered manager made sure they were personally highly visible and approachable so people and visitors felt able to discuss any queries or concerns they may have with them. When talking with one relative about these procedures, they said, "There is so much transparency." Relatives had also been given the registered manager's email address so they could communicate directly with him if they needed to. People knew they could approach any of the staff if they had an area of complaint or dissatisfaction.

One concern about security and safety had been received following the thefts. The registered manager had met with the person concerned and actively involved them in discussions about the actions they were taking to address the situation. Comments fed back by people and relatives in a satisfaction survey in 2016 had included: "One of the best things is any concerns we have are immediately dealt with" and "very little things which can bug parents are discussed and dealt with." One relative told us they had raised an issue with a member of staff and "within in two minutes the issue was resolved." Another said of the registered manager, "He just actions things immediately." One member of staff said with regard to any issues raised, "We have three seniors [senior care staff] and management staff and if something needs doing they do it immediately.''

Good

Is the service well-led?

Our findings

The service was managed by an effective and committed leader. People, staff and relatives spoke highly of what the registered manager had achieved and how he had improved the service. There was a direct link to how the service was managed and the impact improvements had on people's lives. We asked people what they thought about how the service was managed. One person said, "I think [name of registered manager] is brilliant and I love him." One relative said, "I think we have gone from good to outstanding." Talking specifically about the registered manager's qualities they said, "There's an energy, he's very approachable. The staff respect him and there's a real team spirit." Another relative said, "The biggest change [name of registered manager] has brought is a change in atmosphere, it's happy, relaxed and the staff know they are being well managed." Another relative said, "He [registered manager] has transformed the home; very easy to talk with." They went on to say, "The service has been notched up a 100 more levels. I genuinely cannot think of any necessary improvements."

The registered manager had clear visions for the service which he had shared with his staff team. There was evidence to show that the staff team were committed to these. They worked collectively to ensure the registered manager's initiatives were implemented. These initiatives had improved the quality of people's lives and had opened up new and exciting opportunities for them. These improvements have been well reported on throughout this report but include for example, the change in staff working hours and shifts which afforded staff time to deliver the highly personalised care we observed. The recognition that people moving into Foundation House were entering their adult lives and required new and particular skills had led to a full review of how Foundation House responded to people's needs. This had subsequently led to the implementation of the 'Life Skills programme'. The recognition that for this programme to really help transform people's lives and increase their levels of independence, the staff also needed to be equipped with new skills and ways of thinking. The forging of new links and relationships in the community which could help support these visions had taken time and resourcefulness. A change in culture and a willingness to listen and act on feedback had also led to more involvement by people in the decisions made about the service. The registered manager had also discussed with staff his values and what he saw as being integral to how the service was provided. This resulted in a "refreshing" of values and staff wanting to discuss for example, what kind, caring and compassionate looked like in practice and wanting to ensure they delivered this at all times.

We found many examples of how the registered manager had made changes to the service and utilised community resources to further enhanced people's personalised care. For example; in order to support people's safety in the community people had been introduced to the 'Keep Safe Gloucestershire' scheme. It included people having contacts, which they or others could use if the person needed help. People were made aware of the shops and business who were part of the scheme and who would offer support and safety if needed. Where possible people took a mobile telephone to use if they needed help. People had also been involved in an internet safety community film project led by a local drama group. Links with the local neighbourhood watch were also being explored and people were supported to identify the risks of exploitation and radicalisation.

Staffing numbers, staff shifts and skills were continuously reviewed to ensure the team as a whole could respond flexibly to people's individual needs and their chosen activities. For example, when considering what staff skills would better benefit people, the registered manager had declined to have a deputy manager. Instead they had opted to recruit two further senior care staff. They told us these staff, by the nature of the role, were more "hands on". The home now had three senior care staff who worked alongside staff delivering care but also providing immediate expert support and guidance. A member of staff told us this initiative had resulted in appropriately skilled and experienced staff being present where they were most needed. They said it had resulted in the staff team being better placed to "manage any crisis situation." A change of culture in the service had resulted in staff being happy that they now had more flexibility in how they could support people.

By using staffs' previous skills and qualifications the registered manager had implemented new initiatives such as the Life Skills programme, reported on in Is the service responsive and above. The member of staff involved in leading this particular project had been supported to develop their leadership and management skills by doing this. Another member of staff's previous qualifications and knowledge had also been recognised and put to use. They had been involved in developing initiatives which helped staff better support people's behaviours and psychological needs. These staff also helped with the further education of the staff team and acted as champions in their particular areas of expertise. The registered manager motivated and supported staff to use their skills to improve the service as a whole. We also heard of several examples were the provider funded activities for people who might not have had the financial resources to ensure they had access to opportunities that enhanced their wellbeing and skills.

All staff were clear about their responsibilities and roles. The PIR stated, "The senior management team collectively have over 40 years of experience in working in Health and Social care provision and the standards expected are extremely high." The registered manager provided strong leadership and was clear that the sustained success of Foundation House was based on everyone working in partnership. Working in partnership was an integral factor and a word we heard frequently to describe the culture in the home was "family"… "We are a family" or "We are part of the Foundation House family".

People benefited from being cared for by staff who were well managed and proud to be involved with Foundation House. One member of staff told us things had been "fantastic" since the registered manager had been managing the service. They said, "He's been really good." They went onto tell us that a strong and positive culture in the care home had been developed. In Is the service effective? we reported that one member of staff had referred to the team "working fantastically together." They had also said, "This was a direct result of how [name of registered manager] has managed the staff team." Another member of staff said, "It used to be stressful but things have changed for the better." The registered manager was skilled in supporting staff to work as a team to achieve good outcomes for people. He valued his staff, their feedback and contribution. A further member of staff spoke with us about how the registered manager supported staffs' ideas and suggestions and used these to improve the service.

There was a constant drive to improve the opportunities for those who lived at Foundation House. One relative said, "With [name of registered manager] it's all about progression, things are never stagnant he constantly looks for opportunities and facilitates these brilliantly." The registered manager communicated and listened effectively. They held monthly meetings with staff and spoke with them in between these times. Meetings were used to reiterate expectations, communicate plans and update staff but, also for staff to be able to express ideas, suggestions and feedback their thoughts on the service's progress.

People and their relatives were actively involved in shaping the service. When we asked how this was achieved the registered manager said, "I simply started to ask them [people, relatives and staff] what

changes they wanted and I acted on what they said." The registered manager and senior management team also held meetings with people on a monthly basis. The resident handbook, which had been re-written by the registered manager, explained what people should expect from their home. One statement was, "You will be given a voice." It also explained what people's responsibilities were to Foundation House and how they could contribute. For example, suggestions included, "contribute to the running of your home" and "contribute in resident meetings to make changes for the better."

People's views, opinions and ideas were sought and consistently acted on as were those of their relatives and representatives. Any form of feedback was embraced and used as a learning opportunity or a way to make further improvement. A simple example of this was the immediate organisation of a second telephone line and the introduction of a mobile telephone held by the designated person on duty. This followed feedback given by relatives that, at times, it had been difficult, by telephone, to get hold of the relevant staff member to talk about their relative's health. This tended to be when the main managers' office was closed. The designated person or 'DP' was the member of staff taking a lead on all health related matters for that shift.

To further aid communication with people and to provide another route for them to feel confident enough to feed back, the registered manager had appointed a house representative. Their role was to meet and greet visitors but also be available for people to pass on ideas or any minor areas of dissatisfaction. They met with the registered manager on a regular basis and were able to communicate these things on behalf of people. They could give the registered manager a general view on the health of the service from the residents' perspective. The registered manager was skilled at promoting an inclusive and open way of working which people and their relatives appreciated. One relative described their relationship with the registered manager and Foundation House as being "a very open one."

Another example of action being taken following feedback was the use of a spacious upstairs communal room for more events. People and their relatives had requested more opportunities to get together informally. Relatives had fed back a desire to meet up with other relatives, to be able to exchange experiences and support each other. A recent coffee and cake event had been well attended in this room and one relative referred to the support and encouragement they got from meeting other relatives. They said, "This just did me so much good." The registered manager confirmed this had been such a success that ideas for further events would be sought and acted on. An idea for a summer barbeque with music had been put forward. The registered manager, with the help of the people and staff had also started a Newsletter which went out to people, relatives and staff.

Resulting again from people's feedback was an improvement to an outside space. People and the maintenance person had planned how this space could be improved and used. This collaborative approach resulted in a safe and accessible area which provided people with gardening opportunities and the ability to just enjoy the sunshine. We observed one person potting hanging baskets with support from the maintenance person and another person reading in their wheelchair. People had further plans for this area which included a pond and an outside bar for the summer.

The registered manager continuously looked for ways to include people in the running of their home. For example, people were getting involved in the recruitment of staff and 'resident representatives' were being introduced into the health and safety committee.

People were protected by robust quality monitoring processes. These not only gave the management team performance indicators and goals to be met but enabled them to effectively monitor the service's progress and compliance levels. The registered manager told us it was a helpful process which enabled them to self-

assess the standard of service provision and apply necessary actions. They explained they were able to track previous improvements and use information given about these, to plan and implement further improvement. The Provider Information Request (PIR) stated the service had participated in three independent quality reviews carried out on behalf of the provider in 2016. These reviews were in line with the methods used by the Care Quality Commission. By December 2016 the independent review assessed the service has having improved further and preforming to consistently high standards. This achievement had been celebrated by the people, their relatives and the staff. The PIR stated, "Excellence is a team commitment which strives to be outstanding." Again, when talking about these processes the desire to constantly improve performance was evident.

We saw a selection of audits completed by the management team. The outcome of these was reported to the provider and any actions followed up and signed off by the provider representative. An example of an action resulting from auditing was the implementation of additional training for staff in the teaching of life skills. This followed an audit completed on staffs' roles and practices which identified that staff needed new and different skills in order to support people. The provider representative visited the service regularly, every other week or more often if needed. The registered manager described the support from this person [their manager] as being "fantastic". They told us it enabled them to be "front facing and hands on." They explained that without this they would not have had the freedom to develop initiatives, take relevant action and ultimately improve and maintain the standards achieved by the service.

People benefited from having a registered manager who kept themselves updated with appropriate knowledge, local communications and who networked with other adult social care, health and education sectors. The registered manager belonged to a local Registered Managers Network forum. This enabled them to exchange views, network and generally keep up to date on a range of topics. They could obtain additional advice and guidance if needed. This forum gave them access to speakers and representatives of other relevant sectors and bodies. This included the local Clinical Commissioning Group (CCG) and Continuing Healthcare professionals. This enabled them to keep updated with wider initiatives and information which they could use to benefit Foundation House. They were also a member of the local Learning Exchange. Further training in safeguarding adults, younger people and children had been sought through this. Knowledge from this enabled them to effectively contribute to their involvement with the provider's safeguarding committee. The registered manager used ideas and knowledge from these forums to implement further staff learning and development, in addition to that offered by the provider. For example, the additional short learning sessions on the Mental Capacity Act and Deprivation of Liberty Safeguards as reported on in Is the service effective?. They also kept up to date with the Care Quality Commissions communications so that their service was able to be fully compliant with the relevant regulations and up to date with relevant national policy and consultations.