

# Care Opportunities Ltd

## The Conifers

### Inspection report





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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

About the service:

- The Conifers is a residential care home that provides personal care for up to six people living with learning disabilities or autism spectrum disorder.
- The size and design of the building fit in with local residences and there were deliberately no identifying signs, in line with current best practice guidelines. People had easy access to local amenities and could live a life as any other citizen.

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

People's experience of using this service:

- The provider delivered an outstanding service to people which achieved positive outcomes.
- The staff team worked well with other providers and services to ensure people had access to healthcare services they needed and were given personalised support when accessing these services.
- The service had a highly skilled behavioural support team and staff team who worked closely together to provide high quality support to people with a high level of need.
- Best practice standards and professional research was used to implement high quality, effective care.
- Staff used a wide variety of communication methods fluently with people and created highly individualised communication support plans to involve them as much as possible in their care and support and to give them choice and control in their lives.
- Staff did not allow any physical or learning disability become a barrier to participating in activities or being part of the local community.
- People's families spoke highly of the quality of care and of the approach of the provider and staff in supporting their loved ones, and held up the service as an example to others.
- The registered manager and senior managers fostered a culture of openness and professional challenge. This ensured all staff understood and were able to meet the high standards of quality expected of them.
- Quality assurance measures were extremely robust and well embedded into every-day practice. Staff reviewed the quality and safety of care delivered in an in-depth way on a regular basis and their performance was closely monitored in a supportive way.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection:

- At the last inspection the service was rated Outstanding (16 April 2016).

Why we inspected:

- This was a planned inspection to review whether the service remained outstanding.

Follow up:

- We did not identify any concerns at this inspection. We will therefore aim to re-inspect this service within the published timeframe for services rated outstanding. We will continue to monitor the service through the information we receive.

## 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 remained good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained outstanding.

Details are in our Effective findings below.

Outstanding ☆

### Is the service caring?

The service remained outstanding.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service improved to outstanding.

Details are in our Well-led findings below.

Outstanding ☆

# The Conifers

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

- This inspection was carried out by one inspector.

Service and service type:

- The Conifers is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The Conifers provides support to up to six people living with learning disabilities and autism spectrum disorder in one house. The home has six bedrooms with private bathrooms and a shared kitchen, dining room, living room and sensory room with living space across three floors.
- The service was located close to local shops and public transport links. The building is a converted house in a residential area and fit with the surrounding buildings. People living at The Conifers could live a life like any other citizen.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- The inspection was unannounced. Inspection site visit activity started on 07 March 2019 and ended on 08 March 2019.

What we did:

Before the inspection we looked at information we had about the service, including;

- Provider information return – key information about their service, what they do well, and improvements they plan to make.
- Notifications we received from the service – the law requires providers to notify us of certain events that happen during the running of a service.
- The provider's website.

During the inspection:

- We spoke with two people who used the service, the registered manager, the behaviour specialist, the assistant psychologist and two members of staff.
- We looked at two people's care records, activity plans and meal plans.
- We looked at staff records, including training records.
- We looked at records of accidents, incidents and complaints.
- We looked at audits, quality assurance reports and other records, including policies and procedures.
- We reviewed the home's facilities and made observations in communal areas of the home of how staff supported people.
- We asked for feedback from the families of the people living in the home, two people's families gave us feedback about their experience.
- We asked for feedback from healthcare professionals involved in people's care.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were very knowledgeable about types and signs of neglect or abuse.
- Staff were vigilant to any indications of abuse, particularly changes in behaviour of people. Any changes in people's behaviour were documented and discussed as a multi-disciplinary team.
- Any allegations were taken seriously and investigated. Concerns were reported to the local authority.
- The service had good measures in place to monitor people's finances and to look for any signs of financial abuse or exploitation.
- The provider ensured staff were trained in safeguarding people and had regular refresher training to maintain staff's knowledge and skill and to update them on any changes in guidance.

Assessing risk, safety monitoring and management

- The service assessed risks to people and had detailed management plans to reduce risks where possible.
- People were supported to remain safe while maintaining their freedom and giving people choices.
- People living in the home had mild to severe learning disabilities and some had autism spectrum disorder with associated behaviours which may challenge. The service had very detailed positive behaviour support plans with a proactive approach to reduce incidences.
- Staff worked with people and their families to look at how they managed risks to themselves and to others.
- The service reviewed people's risks very regularly, looking at their management plans each week to ensure they were as up to date as possible.
- Staff shared and discussed their approach with people to look at what worked and what didn't work as well to improve ways people were supported.
- The provider had good systems in place to review the safety of the building, equipment and fire risks to reduce these. The provider took swift action to address any identified risks or actions required.

Staffing and recruitment

- There were enough staff deployed to keep people safe.
- The provider looked at people's funded support hours to work out staffing, they worked closely with the funding authority to ensure people had the right level of support hours to meet their needs.
- The service was consistently overstaffed to give flexibility to the provider's other services and to ensure any unexpected absence was covered in the home.
- Recruitment processes were safe and robust.
- Interviews of potential staff and recruitment processes incorporated the service's values to assess potential staff members' approach and to see if they would be a good fit with people living in the home.
- Potential staff members' employment history, criminal convictions and conduct in previous employment

was checked as part of their recruitment process to ensure they were suitable to work in that environment.

- During our inspection there were enough staff to meet people's needs and deal with any incidents that occurred.
- The service had a calm, unhurried atmosphere and there were enough staff to respond to people's wishes for what they wanted to do that day.

#### Using medicines safely

- Medicines were managed safely.
- Good practice guidance for residential homes was followed to ensure people received their medicines as prescribed.
- People's ability to manage their own medicines and their capacity to understand what their medicines were for was assessed and support plans reflected this.
- Staff had training in administering medicines and had their competency assessed by the registered manager. Staff members' competencies were reassessed regularly.
- There were regular audits to review records to look for any medicines administration errors and these were reported.
- Two staff were present when administering medicines to check prescriptions against medicines given to reduce the risk of error.
- Where people had "as required (PRN)" medicines, for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and how to record their use.
- There was detailed information about people's medicines for staff, such as potential side effects.
- The service worked closely with other professionals, such as Psychiatrists and GPs, to ensure people's medicines were managed effectively, and closely monitored people after any changes in their prescription.

#### Preventing and controlling infection

- The service was clean and tidy.
- Staff were trained in infection control procedures.
- There was personal protective equipment for staff to use as needed.
- People's individual infection control risks were assessed and people were supported to maintain good personal hygiene.
- There was good food hygiene and the kitchen was clean, food was prepared in line with good practice.

#### Learning lessons when things go wrong

- The service encouraged staff to report any incidents.
- There was a good process for capturing relevant information from incidents to ensure staff looked at any events prior to, during and after incidents to assist in identifying any learning.
- Any significant events were investigated and reviewed and learning was shared with staff through team meetings and weekly reviews of people's care.
- Staff were supported to reflect on events using a team de-brief following any incidents relating to behaviours which challenged.



# Is the service effective?

## Our findings

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

Outstanding: People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's needs and choices were continually assessed and care was delivered in line with current best practice to consistently achieve positive outcomes.
- The provider had a dedicated clinical psychology team which had been further developed since the last inspection. This dedicated team enabled the service to support people with a high level of need effectively.
- There was a clinical psychologist, two assistant psychologists and a behaviour specialist who worked across the residential and supported living services with dedicated time to work with people in The Conifers and worked with staff in the way they supported people.
- The staff team used best practice approaches to support people to develop their communication skills and use proactive interventions to reduce anxiety or frustration. This approach had reduced the frequency, severity and length of incidents of behaviours which may challenge.
- Supporting people in this way had improved their quality of life by enabling them to participate in more activities, particularly in the community, and reduced social isolation. People were also more able to visit and spend time with family and people important to them.
- The psychology team worked closely with the community learning disability team and mental health teams to ensure people's needs were being met and to update their support plans.
- One healthcare professional told us, "It is a well led team and their behavioural team work closely with the staff on the ground."
- There was a focus throughout team meetings, appraisals, supervision and daily staff interaction on reviewing and adapting and evolving staff approach to improve support and outcomes for people.
- The staff team constantly looked for new and innovative ways of working and discussed how they may benefit individuals.
- For example, staff utilised research into best practice methods for supporting and redirecting obsessive compulsive behaviours for someone with autism spectrum disorder by incorporating their ritual behaviour into productive daily routines.
- Staff were encouraged to discuss ideas and views on ways of working with people, there was a whole team effort to trying and testing a new approach and data was used in a very effective way to review whether the new approach was working.

Staff support: induction, training, skills and experience

- Staff were highly skilled and had extensive training to have the skills and confidence to support people with a high level of needs.
- The provider delivered nationally recognised training in positive behavioural management and the

registered manager was a certified trainer.

- New best practice and research was reviewed and incorporated into the provider's training to quickly update staff.
- Training was adapted to people's needs. The behaviour specialist and assistant psychologists delivered adapted specific training to staff on supporting individuals when they were new to the service, when there was a change in their support plan, or based on staff training needs.
- One member of staff told us, "The training is very good, so is the induction." Another member of staff said, "I had two weeks of shadowing support from [registered manager], learning how to provide support to people. It's really good. It meant I'm able to pick up on subtle triggers from people and spot when something is not right."
- We saw staff supporting each other in practice. An experienced member of staff talked through the way they supported someone at the shop to a newer member of staff, asked them how confident they felt and if they wanted to take the lead with support.

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

- People were supported to have choice over their food and drink, to make healthy choices and to stay hydrated.
- People's risks related to eating and drinking were assessed and support plans were detailed and up to date in people's needs, choices and preferences related to food and drink.
- Staff supported people to develop skills in cooking, meal planning and shopping to promote.
- Staff supported people to create simple rules to encourage them to eat healthily without this being overly complicated or restrictive, which promoted their independence.
- Staff told us about one person whose diet had been very limited by their behaviours prior to living at The Conifers. Staff had worked with the person to try new things and adapt how they prepared, cooked and served food to make them more comfortable to try them. They had helped the person broaden their tastes to include more healthy food options to enable them to have a balanced diet.
- Staff regularly monitored people's weight to support them to maintain or reach a healthy weight.
- One person was very keen on gardening and grew and cooked their own vegetables.
- People were supported to explore different types of food with consideration of their cultural heritage.
- People had different choices as to what to eat and staff used people's personalised communication aids to give people choices.
- One person, who had more specific needs, had a personalised place mat which detailed the person's risks, ways the person should be prompted and supported around mealtimes and food needs and preferences.
- The provider was implementing healthy eating and cooking skills training to new staff to support them to be able to cook and offer more varied, healthy, balanced meals.

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

- The provider had a thorough process to ensure people had plans to support them move into the service, progress while in the service and to move on from the service when they were ready.
- Staff worked proactively with other providers and healthcare services to ensure people's needs were met and they received high-quality, joined up, effective care.
- People were assessed by the behavioural specialist to review their needs and to establish if the service would be able to meet their needs and if they would be the right with the people living in the service.
- The service was selective in who they would accept in order to ensure they were able to support people with high levels of needs and those who would be better suited to supported living services were signposted or offered support in this setting.
- People needs and preferences were reviewed very regularly to look to their next step to give them as much

freedom and choice as possible.

- The ambition of the team was to work with people to reduce their support needs by increasing their independence and refining support plans to make them as affective as possible. This enabled people to move on into a less restrictive environment, such as supported living.
- One person was moving out of the home, they were trialling living in a supported living home under the same provider, their space in the residential home was kept open in case the trial failed.
- Another person was planning to move into a supported living home as they were getting older and their mobility was declining. The provider had identified a supported living home which was suitable, where the person knew some of the people already living there.

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

- The premises were suitable to meet people's needs.
- The service offered choice to people in the layout and décor of their rooms and people had their own belongings around them.
- The building had living space spread over two floors which gave people privacy, quiet areas and space to themselves.
- There was a sensory room which was well used to people's benefit.
- The service used equipment to enhance people's support in the least restrictive way, for example one person had an alarm connected to their door which alerted the office if they opened their door. This allowed staff to respond quickly when they needed them, without overwhelming the person with additional supervision.
- Staff had office space away from living areas and the service had a homely feel.
- There was a secure, accessible garden space for people with some arranged allotments for people to grow their own fruits and vegetables.
- The premises were decorated and maintained to a high standard to ensure people felt comfortable.
- One person's relative told us, "The way they look after their property [is very good], if there is any issue they immediately get it repaired. Everything is looked after."

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

- People were supported to access health services, such as the GP, dentist and optician.
- People had detailed hospital passports to enable them to receive personalised care and support should they go to hospital.
- Staff used pictorial "social stories" to introduce the idea of any appointments to people to reduce their anxiety, to explain what will happen and what the appointment is for.
- Staff worked with other healthcare professionals to support with people's communication needs to give them maximum choice and control in their health and wellbeing.
- Staff were highly skilled and affective at identifying people's physical health needs or issues based on how they expressed themselves, including non-verbal cues.
- The service escalated when they felt people were unwell, even if there were no physical symptoms, and advocated for them when they were unable to communicate their needs to ensure any concerns were fully investigated and explored.
- One person's family member told us, "The prompt action of staff relating to a [serious physical illness] prevented an extremely serious outcome."
- When people had been admitted to hospital, staff had stayed with them to ensure they received continuity in support and were able to communicate with hospital staff.
- One person's relative told us, "The care provided during [love one's] prolonged hospital stays and following discharge was exemplary. They put into place a 24/7, one to one, all female support plan whilst in

and out of hospital."

- The registered manager had excellent links in with local healthcare services to support people's complex health needs.
- People had regular health check-ups and, where they had physical health needs, these were monitored closely in liaison with the person's GP and other healthcare professionals.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. This is usually through application procedures called the Deprivation of Liberty Safeguards.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found the provider was working within the principles of the MCA, relevant authorisations had been requested and were being applied appropriately by staff.
- People were supported to have maximum choice and control of their lives.
- Staff had an excellent understanding of mental capacity and had training which they applied in practice.
- Staff utilised people's personalised communication tools and techniques to overcome any barriers to communication and to explain options to people in a way they could understand, wherever possible.
- Where people did not have capacity to make a specific decision, the provider arranged best interest decision meetings with people, families, staff who knew them well and involved other health professionals who could support and advise them where the decision was complex.

# Is the service caring?

## Our findings

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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- Staff were exceptional at using creative and varied tools to communicate with people.
- Communication methods included using words and simple sentences, body language and facial expressions, Makaton signs, pictograms and social stories. Makaton is a simplified language using hand signals and words.
- Staff were intuitive with how they used these tools in everyday life to enable people to express their views and feelings.
- Each person's communication support plan was specific to them, including specific verbal and non-verbal indications and what these meant.
- Staff used Makaton while they spoke and naturally spoke in simplified language with people which we could see they understood. People's support plans included specific versions of Makaton signs a person commonly used.
- Social stories were used throughout the inspection for various events, decisions and activities as part of people's support plans.
- On arrival, the registered manager used a social story to introduce why we were there to people in the home. This enabled people to become accustomed to our presence and people used the story while we were in shared living spaces, which told them who we were, why we were there and what we were doing.
- People's families fed back positively about how staff communicated with their loved ones. One person's relative said, "They have it down to an art to communicate with [my loved one], [loved one] understands them."
- Staff worked to develop people's communication through patient, consistent work with them exploring options.
- People's communication skills enabled them to express themselves and the service was able to evidence this had reduced incidents of aggression or self-injurious behaviours.
- One person had very limited verbal communication when they moved in and tended to express their feelings through behaviours and rituals. Staff were working to introduce pictograms to connect emotions and events, so they could begin to communicate their emotions using the same pictograms.
- They were also exploring the use of technology, using an app on a tablet computer, as a new way to communicate. They were working to increase the person's tolerance of staff sitting close by when they were using the device so that this could be used in future.
- The provider had an easy to read section of their website to support people to learn about the service and the staff team.
- The service utilised advocates to support people to have a voice in their care decisions.

- People's families were involved in decisions about people's care and the staff team were particularly skilled at preventing and resolving differences in opinion about people's support plans or specific decisions, having regular meetings and discussions.
- One person's relative praised the support they received to become an appointed deputy for their loved one. They told us, "They've helped me a lot; helped me fill in forms to become deputy, and staff spent time to speak with [loved one] to explain everything."

#### Respecting and promoting people's privacy, dignity and independence

- People received support from staff who promoted their independence.
- Promoting privacy, dignity and independence was evident in the culture of the home, in the way staff spoke and treated people.
- The staff were highly skilled and sensitive to any changes in people's mood through their behaviours and how they expressed themselves. The service had an innovative way of recording any slight changes or patterns in behaviour and using this information rapidly to establish an underlying cause.
- The service was quick to identify signs of discomfort and to fully explore reasons in a sensitive way.
- People's private and confidential information was stored securely, and staff were discreet when discussing private or sensitive information.
- Staff celebrated people's successes and told us how proud they were of people when they achieved something they had been working towards. For example, one member of staff told us about a person who had achieved going on holiday and staying overnight for the first time.
- People were encouraged to take part in everyday activities of daily living and to develop life skills, such as going to the bank, planning meals, cooking and cleaning their rooms. This promoted their independence and helped them work towards living in a community setting.
- People were supported to maintain relationships which were important to them with family and friends. Staff had worked closely with one person and their family to enable them to have family contact, in a safe way, which was very important to them and had become impossible before they moved into the home.
- The service was very sensitive to the needs of young adults moving from other environments and having experienced adolescent services. They worked closely with people's families to involve them and to support the transition into an adult residential setting.

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

- The service had a culture which valued diversity and promoted people's human rights.
- There was a person-centred approach by all the staff who worked well as a team to provide outstanding care and support.
- The service had "dignity and respect" and "equality and diversity" champions whose role was to promote a positive, respectful, inclusive culture within the home for people and staff.
- People were treated with kindness, compassion and respect and staff spoke with people as equals.
- Potential new staff were introduced to people as part of their interview process to see how well they interacted with people and to gain people's views, which were highly valued when deciding whether to offer contracts to prospective staff.
- Staff had empathy for people and had a good understanding of their needs and their personal histories.
- Staff understood and were very sensitive to people's emotional triggers and how people expressed and communicated their feelings through their behaviours.
- The psychology and staff team were working with one person to develop new ways for people to express their feelings as they had very limited verbal communication.
- Staff worked to build open, trusting relationships with people's families so that they were truly involved in people's lives and in the service.

- One person's relative told us, while the person was in hospital, "Staff visited just to see how [loved one] was, because they cared."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support provided is highly personalised and adapted to meet people's needs and to enable them to have choice and control of their lives.
- The service had weekly reviews of people's care and support plans and had innovative ways of analysing information about people's changing needs and the impact of any change in approach by staff which enabled them to be extremely responsive.
- Staff captured any events on a form which looked at "antecedents, behaviours and consequences". This meant events leading up to the incident, and any early warning signs, were captured.
- Each "ABC" was documented including the location, staff involved, time, date, duration and interventions by staff. This was analysed into visual graphs and tables to help understand patterns and trends which were used to adapt support plans. For example the data had showed one person tended to get more agitated when certain staff went on a break, so they began using a social story to let the person know the staff member was going on a break and when they would be back.
- People's families told us they felt listened to and that their loved ones had a lot of choice and freedom.
- The service went beyond the requirements of accessible information standards to make information available to people in a way they could understand and process. The service was highly skilled in breaking down complex information into easy to understand social stories.
- This included adapting information from other services or organisations and converting this to a format in line with an individual's communication methods. Some of which were complex and used multiple different methods combined, such as Makaton, social stories and simple language combined.
- The service took time to speak to people's friends and families to understand their interests and histories to be able to adapt the support people receive, their room, their meal plans, their activities and their schedule.
- People led busy and active lives which suited their preferences around daily routines and the activities that they enjoyed.
- People were offered and encouraged to try a range of activities and to pursue their interests both within the home and in the community.
- The provider sought out opportunities with voluntary and private organisations which were meaningful and therapeutic for people, such as horse riding and gardening clubs.
- People's goals and independence were at the forefront of all care planning with long term, medium term and short term goal planning, breaking aspirations down into steps to make them more achievable.
- Staff never let someone's physical or learning disability become a barrier to any activity or opportunity and went above and beyond to enable people to participate. Sometimes this meant months of trying small steps towards an activity the person wanted to do, such as be able to go on holiday for the first time.
- In another example, the service had hired a vintage bus as one person was not able to tolerate the noisy



environment on public transport and loved buses.

- One person's family told us about how the service was supporting their relative to move into supported living and the service was working with the funding authority to ensure the right finding was in place. The service had worked with the landlord of the property to ensure it would be suitable for their mobility needs. The person's family member said, "This further demonstrates outstanding attention, and understanding surrounding [loved one's] changing needs."

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- The service was aware and was implementing best practice guidelines around the aging population within learning disabilities services.
- The service sought to support all the people living in the home to remain where they wished for end of life support if this was needed and had supported people to remain in the home through long term treatment for life threatening illnesses.
- Staff had worked closely with other health professionals and people's families to make best interest decisions when people had become very unwell and required hospital admission or treatment.
- Staff were particularly skilled in exploring people's wishes around the sensitive topic of end of life treatment and death and had captured people's and families' wishes wherever possible.
- After one person passed away suddenly and unexpectedly, the service worked with people living in the home to help them to understand what had happened, using social stories and other communication tools. People were supported to go to the funeral if they wished and had additional emotional support whenever needed.
- The person did not have any living family and so the provider had paid for the person's funeral and staff had been instrumental in ensuring the persons personal, cultural and religious preferences were respected. They also had a memorial in the garden for staff and people to remember them.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints policy in place which was available to people and families.
- There had been no complaints in the last 12 months prior to the inspection.
- There were regular "tenants' meetings" with people to explore their views, wishes and any ideas they had for activities or ways to improve the service.
- People's families views were actively sought and they felt confident to report or discuss any issues with the registered manager or provider and that these would be resolved.

## Is the service well-led?

### Our findings

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager promoted an open, supportive and caring culture within the staff team. One member of staff told us the best thing about the organisation was "the transparency and communication in the organisation".
- Healthcare professionals, people's families and staff consistently told us the service was person-centred and well-led.
- One person's relative told us, "I would have no hesitation in holding up [The Conifers], as a flagship service that similar organizations should aspire to emulate. [The provider] and the team are an inspiration!"
- Another person's family member said, "I can't praise it highly enough. It is very, very good. Nothing is too much trouble for the manager there. It's a life saver for me."
- Staff were extremely motivated and driven to keep standards of care very high and were very proud to work for the service.
- The registered manager and the senior managers promoted staff development throughout the organisation. They encouraged clear delegation of responsibilities with support and training to develop people's management skills, experience and knowledge.
- Staff were encouraged to consider their career and skill development and were supported in their career progression. Many staff had worked their way up in the organisation, including the registered manager.
- People's families told us the provider was very open and maintained good communication. One person's relative said, "Any issues that have arisen in the past, I am confident I am informed about promptly and the necessary protocols are in place and followed to the letter."
- There was a strong culture of equality and inclusion across the staff team. Staff supported one another and celebrated the diversity of backgrounds and skills each staff member brought.
- Staff with learning difficulties or who spoke English as a second language were given more time and support to read and understand people's care and support plans as these were very detailed.
- Staff felt valued and the provider had worked to further improve staff satisfaction and retention since the last inspection.
- They had introduced an awards ceremony within the organisation for "senior of the year", "staff member of the year", "team of the year" and "newcomer of the year". Staff also had financial bonuses for long service and low sickness absence.

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

- The service had a clear vision and set of values which were evident in how staff acted.
- The manager, senior team and behavioural team had clear roles and responsibilities and there were clear lines of communication and delegation.
- Staff were clear on their role and responsibilities. Staff had lead roles and took these seriously.
- The manager fully understood their regulatory responsibilities and had a high level of skill and experience in managing the staff team and the service.
- Performance management and quality monitoring was well embedded within everyday practice in the home and there were innovative ways to assess quality.
- As well as audits of key safety processes in the home; such as maintenance, fire safety and medicines, there were quizzes and "probes" into staff knowledge and skill in understanding and delivering people's care in line with support plans.
- The assistant psychologist, registered manager and senior staff worked together to support and review staff performance and expected high standards.
- Senior staff worked with people directly and led by example.
- Feedback on performance measures, successes and further improvements was regular and consistent. There was a clear focus on quality in all meetings, staff supervision and appraisal.
- Data was used intelligently to demonstrate improvements within the service and senior staff celebrated achievements of staff and people.

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

- People and their families were engaged and involved in a variety of ways to enable them to feel part of the team.
- People were engaged through regular "tenant meetings" and on a one to one basis to enable them to participate and feedback wherever possible.
- There was consistent, constructive engagement with key stakeholders, such as funding authorities and other health professionals and feedback was taken as an opportunity to improve.
- Quality governance meetings were open to people's families so that they could engage and input into the review of the service.
- One person's family told us, "There are governance meetings every quarter and I go along. We discuss a range of things. They want the family to go along, they don't hide anything."
- Staff felt empowered by the support they received and felt able to make suggestions and work as a team to evolve the service.
- Staff and people's families spoke highly of the provider and felt the Chief Executive was very approachable, listened to them and had "high standards".
- One member of staff told us that the Chief Executive had come to the service to talk to him when the registered manager had noticed he wasn't his usual self and ask if there was anything they could do.
- The Chief Executive had regular listening events for staff to feed back to them directly on anything that could be improved or any ideas they had.

Continuous learning and improving care

- There was a particularly strong emphasis in the service on continuous improvement.
- People's experience and needs were at the centre of any changes or improvements made.
- Governance meetings reviewed quality outcome measures, performance, improvement and innovation and invited all those attending to make suggestions and contribute.
- Any incidents were recorded in a detailed way to review what were the causes, how it was managed and to look to how this could be improved in future.

- Any more significant incidents had a full debrief with people and staff afterwards. This enabled staff to reflect on what happened and support to be offered to all those involved.
- We observed this in practice while in the home and there were clear, simple areas for improvement identified following an incident.
- Any serious concerns or incidents were thoroughly investigated in a sensitive way and the learning was shared.

#### Working in partnership with others

- The provider was proactive in building relationships with other organisations and into the local community to provide people with the best possible experience.
- The service worked with local shop keepers and others in the local community to enable people to have a positive experience when in their local community.
- The behavioural specialist had links in the local health system and was sharing best practice by offering out and hosting training with other providers, such as in positive behavioural management.
- The service had links with the local universities and training organisations and hosted nursing students in the home to learn about learning disabilities. They were also due to start hosting students of the new associate practitioner course.