

Integracare Limited

# Hyde Park House

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Hyde Park House is registered as a care home providing care and support for up to 11 adults who have a learning disability. The property is made up of two adjoining houses. One side of the house is known as 'the flat' and contains three semi-independent flats, plus shared kitchen and lounge. The main 'house' accommodates eight adults. There is a shared lounge, kitchen and dining room. All bedrooms are for single occupancy and have en-suite facilities. Hyde Park House is within walking distance of Harrogate town centre.

At our last inspection in August 2015 the service was rated as good overall with an outstanding rating for the key question of responsive. At this inspection we found the service had improved and we have rated it as outstanding in responsive and effective making the overall rating outstanding.

The provider is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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. We found there was a registered manager in post and throughout this report we will refer to them as 'the manager'.

The provider demonstrated how they had achieved outstanding practice, development and improvement at the service. The leadership team sought creative ways to provide a personalised service and had achieved excellent results through exploring best practice and professional support and implementing it to enhance people's lives.

The staff team were highly motivated and were actively involved in and contributed to the continuous improvements in care and support. The provider and manager were dedicated to providing individualised care that met the highest of standards and promoted people's independence and quality of life.

The manager demonstrated a strong and supportive leadership style, seeking feedback in order to further improve the care and support provided. The manager and staff team used innovative, but safe practices to develop people's life skills and promote positive behavioural support practices.

Communication with the service was excellent at all levels and encouraged mutual respect between staff and people who used the service. The service was recognised by a scheme which rewards quality in people management called Investors in People.

People received exceptionally effective care. The service worked with external health and social care professionals to provide person-centred, tailored packages of care that had a positive impact on outcomes for people who used the service.

There was a truly holistic approach to assessing, planning and delivering care and support. Each person

who used the service had a personal development plan linked to their goals and aspirations.

There was a strong emphasis on eating and drinking well. People were given guidance and support to assist them in making healthy choices and were encouraged to learn how to prepare and cook simple and more complex meals. A particular strength within the service was the way people were supported to develop their numeracy and literacy skills to enable them to manage their money and go out shopping independently. The subsequent increase in daily living skills meant people were eventually able to move on to more independent supported living.

The atmosphere within the service was exceedingly friendly and open. A positive and innovative way of managing risk was discussed and developed with people who used the service. Their goals and ambitions were recognised and valued and people received excellent support to achieve their ambitions.

We found, without exception, that staff went the extra mile to ensure people were safe and happy within their lives. People were at the heart of the service, which was organised to suit their individual needs and aspirations. People's achievements were notable and people were justifiably proud of what they had done - their self confidence was high and people wanted to share with us what they had achieved.

People were supported by staff that were enthusiastic and keen to see them succeed in life. Staff were also caring, kind and compassionate with people, recognising them as individuals and treating them with respect and dignity.

The provider carried out robust recruitment checks, to ensure they employed suitable people. There were sufficient staff employed to meet people's needs and people's medicines were managed safely. Staff had completed relevant training. We found that they received regular supervision, which gave them the support necessary to fulfil their roles effectively.

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

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Outstanding ☆

The service has improved and is now outstanding.

The service worked proactively to promote health and wellbeing. They had excellent links with healthcare professionals to maintain very high standards of care.

There was a strong emphasis on the importance of healthy eating and staff were highly skilled at supporting people in gaining the skills to cook, budget and live independent lives. This contributed to positive outcomes for people.

Staff included people in the risk management of their complex behaviours and continued health needs. Staff were passionate about seeking ways to improve people's care, treatment and support by identifying and implementing best practice.

Staff were highly skilled in meeting people's needs and received on-going support from the manager through regular supervision and training. Mandatory and specialist training was based on current best practice and guidance, so staff had the most up to date information to support them in their work.

Staff and the manager applied the Mental Capacity Act 2005 confidently and in a way that protected people's dignity and rights.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Outstanding ☆

The service remains outstanding.

### Is the service well-led?

Good ●

The service remains good.

# Hyde Park 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 27 July 2017 and was announced. We gave the manager 24 hours' notice of the inspection as this is a service for adults who are often out of the service and we wanted someone to be in the office when we visited.

The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to people with learning disabilities.

Before the inspection we spoke with the local authority safeguarding and commissioning teams to gain their views of the service. We reviewed all of the information we held about the service, including notifications sent to us by the provider. Notifications are when providers send us information about certain changes, events or incidents that occur within the service, which they are required to do by law. The provider submitted a Provider Information Return (PIR) in June 2017 within the given timescales. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

At this inspection we spoke with the provider, the manager and deputy manager, three members of staff and one relative. We also spoke with six of the 11 people who used the service, of the remaining five people one was on a family visit, two were out on activities and the remaining two did not wish to speak with us. Although we did not speak with any health care professionals the manager provided us with recent emails, written statements and review letters to evidence their views of the service and we have used their comments from a survey carried out by the service in March 2017.

We looked at three people's care records, including their initial assessments, care plans, reviews, risk

assessments and medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation relating to the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for two members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

# Is the service safe?

## Our findings

We observed that people looked comfortable and at ease when talking with each other and with staff. People told us they felt safe and said, "When I go out there is always a member of staff with me", "The staff come quickly if you need them" and "I was bullied at my last place, but I am alright here."

People told us there were always enough staff to support them and said that staff had time to spend with them. This was throughout the day in the main house and at set periods during the day in the flats. At night two members of staff slept over and covered both areas. The manager told us they kept the staffing levels under review and deployed staff flexibly around the service to ensure people received support in a timely way.

Everyone who used the service was independently mobile and we saw that prompt assistance was offered willingly and cheerfully when people requested it. We observed there were very positive relationships between the staff and people. People told us, "The staff are a good bunch of people", "Staff talk to me and I can always get hold of them if I need them" and "All the staff are okay and work with me."

Staff received training on making a safeguarding alert so that they would know how to follow local safeguarding protocols. Staff told us they would have no problem discussing any concerns with the managers and were confident any issues they raised would be dealt with immediately. There was written information around the home about safeguarding and how people could report any safeguarding concerns.

There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives as they were involved in their own risk assessment process.

The manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. The fire risk assessment for the service was up to date and reviewed yearly. People were involved in fire drills which were completed twice a year. The last one was held in April 2017.

Records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service.

The arrangements for managing people's medicines were safe. People's medicines were kept under review and medicines were administered to people in a safe way. People were helped and supervised if they

needed to be. People told us, "I get my medicines on time" and "I take my own medicine, but the staff keep an eye on me." One family member told us, "[Name's] medicines are reviewed by their GP and staff oversees their administration."

We looked at the communal areas and a sample of bedrooms (with people's permission). Premises were clean and in the process of redecoration. Cleanliness of individual rooms varied but were clearly people's own spaces. People told us, "We help with decorating and there are cleaning rotas for the house; we do our own rooms" and "I like being on the cleaning rota."

## Is the service effective?

### Our findings

The service links with health and social care services were excellent. People who used the service had complex or continued health needs. We found that staff were passionate about seeking ways to improve their care, treatment and support by identifying and implementing best practice. Staff told us, "This is a fantastic job, working with great people" and "I look forward to coming to work every shift."

Staff kept up to date with new research and development to ensure they were trained to follow best practice, but also be innovative in their approach. For example, one health care professional commented, "The deputy manager has spent many hours researching different methods and types of behaviour support. The files for each individual are all different and what is used is what the deputy manager has developed themselves based on their knowledge of the people who use the service." We saw that the deputy manager consulted with community nurses and a psychologist whilst developing the plans to ensure that everything was done in line with current guidance.

The service worked creatively with people and had implemented personal behaviour support files for several people at the service. Positive behaviour support (PBS) is a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and maybe the person's only way of communicating an unmet need. PBS helped staff understand the reason for people's behaviour so they were able to meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour would happen.

Within each PBS file there was a behaviour contract signed by the person who used the service. Each file was very individual to the person depending on the challenges they faced in everyday life. For example, staff used visual/flash cards relating to activities to work with one person to assist the person to recognise what was acceptable behaviour in the community and in the house. A behaviour sheet was completed daily to discuss their behaviours and what was appropriate and what was not. When out in the community staff used a discreet warning card system (as people who used the service loved football and recognised this). The warning cards were given to the person to show what impact their behaviour was having on others in the community. A red card meant they stopped their activity and returned to the home.

One health care professional fed back, "Staff support [Name] extremely well and [Name] said they can 'behave better' in this environment. In particular, [Name] has a set of 'behavioural cards' that they can use each day and certainly when accessing the community. These have offered them a personalised method of support that they are fully agreeable to. Importantly, this method was developed in conjunction with [Name] in house by the staff team. This method is appropriate to [Name's] level of understanding and is tailored to them as an individual, utilising props that they can easily identify with."

There was a truly holistic approach to assessing, planning and delivering care and support. Each person who used the service had a personal development plan linked to their goals and aspirations. For one person

who used the service the need to develop skills in money management and cooking was key to them being able to eventually move back into independent supported living. Their progress in attaining these skills had meant this person was able to move into one of the flats and their confidence was growing. This person told us, "I couldn't cook until I came here but now I cook all my own meals."

Staff worked with the person to set monthly goals with regard to their aspirations and had completed a photograph album of the person's progress. As they achieved their goals these were signed off in their personal development plan and their progress was mapped visually for them to see. We saw how the individual was now able to go shopping, handle their own finances and complete their own finance sheet with receipts. They had progressed from simplistic food prompts to being able to follow complex recipes.

The service looked for and encouraged the safe use of innovative and pioneering approaches in care and support, and how it was delivered. For example, one person had a history of self-harm that had led to significant health problems. Through the support and creative use of incentives, the staff had supported this person and managed their behaviour to a point where the health concerns had been entirely eliminated.

There was a strong emphasis on the importance of eating and drinking well. People were fully involved in meal planning and grocery shopping, taking nutritional advice into account. Staff were aware of people's individual preferences and patterns of eating and drinking and there was flexibility when needed or requested. We spent time in the kitchen and observed two people coming in to make their food. There was a board that contained individual diet plans. People told us, "I do my shopping every Wednesday and plan my meals one week at a time", "I cook my own meals; on a Sunday the staff cooks and we eat all together" and "The food is good. I can get snacks when I want."

There were four week menus in place. The menus were discussed in the house meetings with people who used the service and presented in a pictorial and easy read format. People's likes and dislikes around food were recorded. Staff supported people who wished to lose weight. One person's weight record showed that they had followed a healthy eating plan based on their own choices of appropriate foods. They kept a 'daily plate' record of what they were eating and as a result of their efforts they had lost nearly three stone in weight over the last six months. Subsequently their GP had been able to reduce their medication demonstrating the positive impact on the person's health.

We saw the food charts on display which helped people choose from all food groups; grains, vegetables, fruit, dairy and protein options. The charts encouraged people to put together healthy meals from scratch rather than relying on processed products. The menus we saw promoted healthy eating and encouraged people to cook. People had access to easy read recipes and methodology cards which gave them calorie information and a list of ingredients, which they used when out shopping.

We found the service had sustained the good practice identified at our last inspection and had made further improvements. They had achieved the recognised accreditation of Investors in People and work was on-going to build on this framework.

People were cared for and supported by well trained, motivated and highly skilled staff. Staff who were new to the caring profession were required to complete the Care Certificate; this ensured that new staff received a standardised induction in line with national standards. A comprehensive training programme was in place for new staff and there was continuing training and development for established staff.

Our observations showed that staff had the appropriate skills and knowledge to care for people effectively. They had access to a range of training deemed by the provider as 'essential' as well as subjects specific to

meet people's needs. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and medicine management. Records showed staff had participated in additional training including topics such as learning disabilities, epilepsy, management of challenging behaviour, diabetes awareness, autism and Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Staff were supported by having regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Staff told us they received supervision every three months. They said, "We can ask questions and make suggestions during our meetings and we are given the opportunity to speak up if and when we have any issues to raise. The manager always listens to us and takes action to resolve any problems." Minutes of the supervision meetings were made available to us during the inspection.

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

We checked whether the service was working within the principles of the MCA. We found that people had been assessed for capacity, and where appropriate DoLS had been sought. Staff we spoke with showed they understood the importance of consent and we saw that capacity issues were explored when planning people's packages of care and support. People who used the service were asked to sign their care records to document that they consented to the care and support provided.

People said they were consulted about their care and staff asked for consent before carrying out any tasks. People told us, "We are always asked if it is okay before the staff do anything for you" and "I get my say in reviews and they ask me what I want."

People had good access to social and health care professionals. They received regular dental check-ups, GPs carried out medical reviews and they had health care checks with practice nurses and saw opticians when needed. One person had signed their health action plan. This included their circle of support including family, friends and health care professionals. Information that they would take to hospital with them was detailed and descriptive, person centred and written in an accessible format. One family member told us, "[Name] is well fed and sees their own GP about their diabetes. Staff monitor [Name's] weight and diet. They go to see a local dentist and attend hospital appointments when needed."

## Is the service caring?

### Our findings

People who spoke with us were very satisfied with the care and support they received from the staff and made a number of very positive comments. Comments included, "I feel independent here" and "I have moved to the flats where I have more independence." One person told us, "I have a brilliant relationship with the staff."

The two managers and staff showed genuine concern for people's well-being. It was evident from discussion that all the staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. Staff told us, "I love working here" and "This is more than just 'a job'." People told us, "I can talk with the staff about what I want to do and they sort things out for me" and "The staff are easy to get on with and they listen to me."

We spent time with people in the communal areas and observed there was a relaxed and caring atmosphere. We saw staff encouraged people to share their views and listened patiently to their responses. The interactions we saw between staff and people were relaxed and informal and indicated a good relationship. There was a lot of banter usually around various football teams. Although contact was informal it was never less than professional.

Discussion with people, the managers and members of staff indicated that the care being provided was person-centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. We were told that regular discussions about care and support were held with people who used the service. People said, "I have been helped with my maths and reading" and "I have learnt to cook." One person told us, "All the staff work with me on things I need to know. They are helping me move back home."

We spoke with one family member visiting the service. They told us, "[Name] is doing really well and I am happy with the service. [Name] is always clean and tidy when I visit and they have their hair done in town."

People who used the service were given opportunities to discuss their views and opinions about the service. One person told us, "We have flat meetings to discuss what happens up here." Another person said, "I feel happy to raise things with the staff, as they take you seriously and listen." Information within the service was available in accessible formats for people. For example, we saw that the provider's policies and procedures were all available in an easy read format with pictures, clear large print and a simple description making the information accessible and easy for people who used the service to understand. For people who could not use a written format then an audio version was available.

The deputy manager had put a comprehensive easy read version of the last inspection report together so that people who used the service could read and understand it. The manager requested that an audio version of this inspection report be made available to the service and this was agreed with the inspector.

New staff were given support from the staff team until they got to know everybody. They had access to one page profiles of each person who used the service. This made it easy for them to read and get to know people quickly. The information was held in a folder titled 'Meet the guys at Hyde Park House'. There was also a team folder which included photos of the staff and one page profiles about them so new people using the service could learn who the staff were and what their roles were.

The manager understood the role of advocacy and had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them. At the time of our visit one person who used the service was receiving input from an independent mental capacity advocate (IMCA) service.

People were treated with dignity and respect. The staffs' approach was professional, but friendly and caring. Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to them, called them by their preferred name, knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care. One person told us, "The staff are discreet and make sure I have privacy when I need it."

Bedrooms were individually decorated to suit each person's tastes and included ornaments and personal items that were meaningful to each individual. People said their families and friends were made welcome within the service. One visitor said, "I come to see my relative as often as I can, the staff always make me welcome and keep me up to date with how my relative is doing."

## Is the service responsive?

### Our findings

At the last inspection the service was rated as outstanding in this domain. At this inspection we found the service remained outstanding.

People told us the service was extremely responsive to their needs and went out of their way to assist them with any problems or changes to care and support that they might require. The manager told us that they constantly monitored the input from their staff and used feedback from reviews to reassess the care and support being given. People told us, "I am able to make comments about what is happening to me", "I get my say in any reviews" and "I get to choose what I do and staff support me with this." One family member said, "We have access to [Name's] care file and we attend reviews about their care and support." This was with the person's permission.

Before people were admitted to the service they were invited to visit and stay for lunch and/or the evening meal. Short stays were then available so people could get to know the staff and the service before deciding if they wished to stay permanently. One member of staff told us, "We have a discussion with the managers about how anyone wishing to come into the service might fit in with the people already living here. We request information from health and social care professionals before making the decision to offer someone a place here. Once they are admitted to the service all the staff are required by the provider to read the care files and person-centred information to get to know the individual. We then keep adding information to the file as we learn more about the person."

The organisation had developed a six minute 'You Tube' video, explaining the purpose of Hyde Park House, the ethos and what people could expect if they moved in. It had been done sensitively and portrayed what we saw on the day of our visit. The provider wanted to promote the service through social media which would attract a wider audience with younger adults. The video was assigned to the social media website.

A needs assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences. Some people who used the service had agreed restrictions on their daily life due to their behaviours. Risk assessments had been completed and care plans were in place to make sure people stayed safe and well. We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date.

People were involved in reviews of care. This made sure care plans were current and continued to reflect people's preferences as their needs changed. Staff were keen to make sure the care plans were tailored around the person. The involvement of relatives was handled sensitively when there was a conflict between their views and those of the person themselves.

Visiting professionals said that the service was focused on providing person-centred care and support, and achieved exceptional results. For example, one professional said, "The staff team provide an excellent

service, focusing on safe, quality care for people with diverse and complex needs. There have been some amazing and innovative pieces of work done with people who use the service."

The service had maintained and built on the outstanding work that they did with people in regard to numeracy and literacy standards. We saw that a room had been set aside for the learning and provided people with a quiet and relaxing environment. Staff who spoke with us were passionate about the scheme and one individual was a teacher who worked at the service part time and monitored the work completed by people who used the service. Whilst we were there a member of staff was working with different people on their assignments. People were keen for their sessions to start.

Each person had a structured assessment and they were provided with exercises and projects, which stretched their abilities and worked towards them being able to read and develop their skills in mathematics. The aim was to encourage people to widen their skills and promote their independence. Engaging with the scheme meant people had been able to read and budget, preparing them for when they moved onto independent supported living. Some people had taken their new skills further and were attending college courses and shopping independently. People were enthusiastic about their progress and told us, "I work with a local charity", "I have learnt to read and write since coming here" and "Staff have helped me to become more independent."

The staff team showed a focus and drive to enrich the lives of people who used the service. Their aim was to support each person with their chosen aims and ambitions and where possible make the necessary arrangements for them to achieve these. People were encouraged to 'reach for the sky' and staff were inspired by the managers to help people make small and larger decisions and choices in their lives, such as going on holidays, creating homemade meals or enjoying activities outside of the service.

The managers promoted community involvement within the service. We observed people being engaged in one to one activities that met their individual preferences throughout the day. Activities included paid and voluntary work placements, gardening, attendance at day centres, scuba diving, sporting events and a friendship network. People told us, "I have been to the football at Harrogate and Newcastle"; "I do loads of stuff with the staff. I've been to concerts and on holiday to Italy" and "I play football every week and I have been to Old Trafford." One family member told us, "[Name] has an active social life and goes out on a regular basis. They are going on a holiday abroad with two members of staff."

Everyone living at the service was male. There were both male and female staff working at the service, which people told us was good because they preferred a male carer in some instances and felt this was always available. Records documented when people had chosen to decline support, but for one person whose care records we reviewed, this was only four times in 2017. Preferred gender of support was clearly documented in the care files and instructions about how support was to be given were recorded in a way people who used the service could understand. Discussion with the manager and people who used the service indicated that people living in the service were included in the recruitment of staff from their initial interviews to giving feedback on their performance and attitudes during their induction shifts.

Staff used the information from people's assessments to ensure people received care that made them feel valued. For example, staff took an interest in each person's hobbies and made an effort to make sure they were able to pursue their individual preferences. People told us, "I get taken to see my girlfriend regularly", "I go and see my friend in Northallerton" and "I get taken into town three times a week and to visit my family." Staff also introduced fresh ideas and opportunities for people to join new groups and networks in the area. One person told us, "I go on long walks with staff members." Outings were clearly recorded, with the time spent outside and who went with the person and these records were signed by staff and the person.

People's views about their care were regularly sought. The service carried out satisfaction surveys, analysed the outcomes and provided a report for the provider. Regular house meetings were held to seek the views of people and involve them in the planning and improving of the service. People told us, "I go to the regular residents meeting and am able to raise things" and "I go to the house meetings and can say if things are wrong."

People had access to a copy of the registered provider's complaint policy and procedure in a format suitable for them to read and understand. We looked at the complaints folder and saw that no complaints had been made in the last year.

We saw evidence during our inspection that the managers were in daily contact with people who used the service and were available to discuss their care and any concerns they might have. This meant people were consulted about their care and treatment and were able to make their own choices and decisions. People told us, "I'm happy to raise problems if I need to and I know how" and "If you raise a problem it's dealt with immediately." One family member said, "I know how to make a complaint should I need to. I find the staff listen to you and the manager and deputy manager are always available when needed."

## Is the service well-led?

### Our findings

People consistently commented on how happy, safe and settled they felt within the service. They were happy with the care provided and said they enjoyed living there. Two people told us, "Nothing could be better" and "I absolutely love it here."

Staff told us they felt well supported by the management team. Each member of staff had been given a 'Supporting me' document to help them give appropriate support and guidance to people with learning disabilities. The document set out the values and behaviours expected of staff. One member of staff said, "Staff meetings are useful, we are asked to attend them. We learn new things and if anything needs changing we agree how to do this. We share practice and reflect on our work."

The provider and manager demonstrated clear visions and values and were passionate and committed to providing an excellent person centred service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

We saw how the service excelled at working in partnership with other agencies who had input to people's health and social care. We looked at a number of extremely positive emails, statements and letters that had been sent into the service within the last three months. One professional had written, "The support provided to [Name] by the service is having a positive impact on their quality of life" and another said, "Previous aggressive behaviour is much reduced and previous instances of 'challenging behaviour' are far better managed now."

Staff morale was high and the atmosphere within the service was warm, happy and supportive. The culture of the service was open, honest, caring and fully focused on people's individual needs.

The service benefited from strong leadership and enthusiastic managers. People told us, "[Name of deputy manager] is a good manager" and "I don't want to change anything, the manager is great." We saw that the provider visited the service regularly and completed reports of each visit, which gave advice and guidance to the managers about any necessary changes to the service.

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the manager and where necessary action was taken to make changes or improvements to the service. We found an engaged, friendly and experienced staff team in place. All staff were encouraged to share ideas and reflect on their performance through team meetings and supervisions, which were used to inform the annual appraisals.

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The manager carried out monthly audits of the systems and practice to assess the quality of the service. We saw that the audits highlighted any shortfalls in the service and the manager produced an action

plan, which was then followed up to the next audit. This was so that any patterns or areas requiring improvement could be identified.

We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.