

Modus Care Limited

Westbrooke Grange

Inspection report

Lummaton Cross
Barton
Torquay
Devon
TQ2 8ET

Tel: 01803315305
Website: www.moduscare.com

Date of inspection visit:
15 December 2016
16 December 2016

Date of publication:
26 January 2017

Ratings

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

Summary of findings

Overall summary

The inspection took place on the 15 and 16 December 2016.

Westbrooke Grange is a service for five people who have Autism and Learning Disabilities. The service was previously registered as a hospital, but registered as a residential service in 2013. The service does not currently provide nursing care. Any nursing or health services needed by people would be accessed via the local GP and community health services.

A registered manager was based at the service. 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.

People living at Westbrooke Grange had complex needs associated with their mental health and learning disability. All of the people in the home at the time of the inspection had in the past experienced living in a hospital setting where their choices and lifestyle had been significantly restricted. What was particularly evident at Westbrooke Grange at the time of the inspection was how much people were being supported to make choices and to experience a lifestyle not restricted and dictated by their behaviours and past experiences. People had the support they needed to express their views and wishes and when possible make decisions and choices about their care and lifestyle. People were trying new experiences, going on holiday, spending time with family and going out into the community.

Relatives and other agencies involved with the service said how impressed they were with the progress people had made. They said the registered manager was very good at supporting people with complex needs in a calm and sensible way, which had resulted in an improved quality of life for those concerned.

There was a positive culture in the service, the management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be run and had worked hard to embed this culture within the service. Individualised care was central to the home's philosophy and staff demonstrated they understood and practiced this by talking to us about how they met people's support needs. They spoke with commitment and used words like "individual" and "personalised" when they talked about people they supported.

Staff were motivated and inspired to offer kind and compassionate care and support. All the staff said they enjoyed their work and loved seeing people progress. We saw a number of examples of progress people had made since moving into the home. We saw how personalised care and a positive approach to managing behaviour had resulted in people having increased opportunities and enhanced well-being. One person who had previously been restricted within a hospital setting had attended a dance festival and had enjoyed spending time at Christmas with their family. Another person who suffered from episodes of severe anxiety had been supported to go out without support from staff, which had a positive effect on their well-being and

self-esteem. Relatives said, "The staff have been really good at striking a balance between supporting people and allowing them their independence".

People were supported to express their views and have their voice heard. Staff were creative in thinking of ways of helping people express their views and understand what was happening around them. One person who became very anxious when they were planning activities or trips out was supported to complete a book about their feelings and a story board before each activity to help ensure they had clear information and a time line about what was happening. The aim of this was to help ensure events were predicted and surprises were kept to a minimum. This approach had worked well and they had been gone out more in the past twelve weeks than the whole of the last year.

There were sufficient numbers of skilled staff to meet people's needs and to keep them safe. Staffing levels were regularly reviewed and planned in line with people's daily routines to help ensure they were able to do the things they needed and wanted. The provider had clear and effective recruitment procedures in place and carried out checks when they employed staff to help ensure people were safe. Relatives said they believed and trusted that people were safe. People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse or poor practice would be taken seriously and investigated thoroughly.

Staff were well trained and said training was relevant to their role and kept updated. The organisation offered all staff the opportunity to undertake training specific to the needs of people they supported. Staff learnt about autism, learning disability and about people's individual's conditions and needs. For example, staff had undertaken training in Post-Traumatic Stress Disorder and Suicide Intervention training to help ensure they had the skills to support a person who had experienced a traumatic incident resulting in high anxiety and suicidal thoughts.

There was a behaviour support advisor employed by the company. They provided advice and staff training in supporting people's communication and the techniques necessary to manage people's behaviour that may challenge. The registered manager said this guidance and support would be provided in liaison with other specialist learning disability and mental health services.

Staff asked for people's consent as they provided care. They described how they supported people to make their own decisions and choices. Staff had undertaken training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made, involving people who knew the person well and other professionals, when relevant.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff undertook training and understood the importance of the safe administration of medicines. People were helped to understand their medicines and were supported to take control of them as much as possible. People's health and dietary needs were well met. People were supported to maintain good health and when required had access to a range of healthcare services

The service was very responsive to people's specific and diverse needs. Support plans were extremely clear and detailed, providing staff with step- by- step guidelines about people's needs, preferences and daily routines. All the staff we spoke with had a very good knowledge of the needs of people they supported.

The registered manager used effective systems to continually monitor the quality of the service and had on going plans for improving the service people received. There was a clear complaints procedure that was designed to enable people to express their views and were responded to in a way they could understand.

Emergency plans were in place so if an emergency happened, such as a fire staff knew what to do. Safety checks were carried out regularly throughout the building and the equipment to make sure they were safe to use.

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.

People were protected by staff who understood how to recognise and report signs of abuse or poor practice.

There were sufficient numbers of staff to meet people's needs and keep them safe.

The service managed risk appropriately and recognised people's rights to have choice and control over their lifestyle.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good ●

The service was effective.

People were supported by highly motivated and well trained staff. Induction processes for new staff were thorough and all staff received regular and effective supervision and support.

People's rights were managed appropriately and their best interests were promoted in line with the Mental Capacity Act 2005.

People's behaviours were understood and managed safely and lawfully.

People were supported to have their health and dietary need met.

Is the service caring?

Good ●

The service was responsive.

People were supported by staff who knew them really well and who were passionate about enhancing people's well-being and

quality of life.

The service was very flexible and responsive to people's individual needs and preferences. This approach had resulted in very positive outcomes for people, which were recognised and celebrated by staff, relatives and other agencies.

People were supported to lead a full and active lifestyle. People were actively encouraged to engage with the local community and maintain relationships which were important to them.

Complaints and concerns were listened to, taken seriously and used to drive improvement across the service.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew them really well and who were passionate about enhancing people's well-being and quality of life.

The service was very flexible and responsive to people's individual needs and preferences. This approach had resulted in very positive outcomes for people, which were recognised and celebrated by staff, relatives and other agencies.

People were supported to lead a full and active lifestyle. People were actively encouraged to engage with the local community and maintain relationships which were important to them.

Complaints and concerns were listened to, taken seriously and used to drive improvement across the service.

Is the service well-led?

Good ●

The service was well-led.

There was a positive culture in the service. There were clear values and vision for the service, which included involvement, compassion, dignity, respect and independence. The management team provided strong leadership and led by example.

There was a strong emphasis on continually striving to improve and develop the service.

People where possible were included in decisions about the running of the service and staff were encouraged and supported

to question practice.

Robust systems were in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

Westbrooke Grange

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 15 and 16 December 2016 and was unannounced.

Some people were able to talk a little with us but mostly people were unable to verbally communicate with us so we made observations of people's lifestyle and their interactions with staff.

We gathered and reviewed information about the service before the inspection. The provider had completed a 'Provider information return' and we looked at this information. This 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 also looked at previous inspection reports and notifications the provider had sent us. This is information about important events the provider is required to send us by law.

During the inspection we met all the people who were living at the service. We spoke with the registered manager who was present throughout the inspection as well as eight members of the staff team.

We looked at four records relating to the care arrangements of people in the home. This included, support plans, daily monitoring forms and risk assessments. We looked at two staff files, which contained recruitment records and training plans. We also looked at a range of records relating to the running of the home. This included, incident reports, policies and procedures and quality audits.

During the visit we spoke with a visiting nurse, and following the inspection two relatives and one other professional who had involvement with the service.

Is the service safe?

Our findings

One person who was able to speak to us said they felt safe living at Westbrooke Grange. They said, "I do feel safe and there is always someone I can speak to if I am worried about anything". Relatives and other agencies told us they felt people were well looked after and safe. A relative said, "It hasn't been easy, but the staff have worked hard to make the placement work, they make sure [...] feels safe, and when we visit staff stay with us in the room so everyone enjoys the visit and is safe".

The registered manager created a culture where people were protected from abuse and discrimination. People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse or poor practice would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly discussed and updated. The training helped ensure staff were up to date with any changes in legislation and good practice guidelines. Detailed policies and procedures were in place in relation to abuse and whistleblowing procedures. Staff knew who to contact externally if they thought concerns had not been dealt with appropriately within the service. A safeguarding policy and procedure was available for staff to access with information needed to assist them in recognising and reporting any safeguarding concerns. Information was also posted around the service with details of what people should do and who they could contact if they felt unsafe or experienced any form of abuse. People were provided with their own information about how to raise any concerns and chose whether to keep this information in their bedroom or the main office.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify any risks to the person and the staff supporting them. This included environmental risks as well as risks associated with their support needs and lifestyle choices. Assessments included information about any action needed to minimise the risk of harm to the individual or others, whilst also recognising the need to promote the person's rights, choices and independence. For example, one person had been assessed as having risks associated with activities and going out into the community. The risk assessment stated the person often found it difficult when activities ended and they had to return home. This could result in deterioration in behaviour, which had in the past limited their opportunities. The staff had considered ways of helping the person understand when activities would end and helping them with their feelings and anxiety during this time. The person had a plan in place so they could understand the order of events and also a book for them to record and explore their feelings. This had worked well for the person concerned and had meant they could still participate in activities and new experiences, whilst feeling safe and protected.

Lone working policies and procedures were in place to help ensure the safety of the staff team. Staff had been issued with portable radios for when staff were working on their own in different parts of the home. Staff said they felt safe and were always able to contact someone if they needed a break or any other support.

The registered manager made sure there were always enough staff who had the right skill mix to make sure working practices were safe and they could respond to unforeseen events. The number of staff required to

meet people's needs was kept under constant review. Other agencies said the registered manager was good at regularly reviewing staffing levels to ensure they remained appropriate and safe. A high level of staff was provided to support people's lifestyle and was flexible so that people had the opportunity to go out when they wanted and try new experiences. There was flexibility built in to support staff, so that they could take sufficient breaks, as the level of support required was often intense. The registered manager was also aware of when high staffing levels could potentially agitate the person being supported and escalate behaviour. The way staffing levels had been arranged accounted for this within people's specific support arrangements. For example, one person who had two staff supporting them didn't always like both staff in close proximity within their flat. Staffing had been arranged so one staff member stayed with them whilst the other was close by with hand held radio's available if assistance was required.

Assessments had been completed in relation to risks associated with the environment. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency. A fire risk assessment was in place, and regular checks undertaken of fire safety equipment. A plan was in place detailing the action to be taken in the event of a major incident. This included emergency contact numbers and alternative support arrangements for people using the service.

Staff were recruited safely. Recruitment processes were thorough to make sure staff were suitable to work with people. Written references were obtained and checks had been completed to make sure staff were honest, trustworthy and reliable. This included the completion of an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in any previous employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. The registered manager said no staff would commence employment in the home before these checks had been satisfactorily completed.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records had detailed information regarding their medicines and how they needed and preferred them to be administered. A staff member who had specific responsibility for medicines talked us through the process of ordering and checking-in medicines when they arrived in the home. Two members of staff checked the medicines when they arrived and cross referencing them with records for each person. Each person's medicines record had a photograph of the individual. Any allergies were known and highlighted at the front of the person's file.

A separate room was available for all medicines and associated records. This room was clean and well organised and provided staff with an area where they could concentrate and prepare people's medicines safely. Hand sanitizer, gloves and aprons were available to reduce the risk of cross infection. Medicines were stored safely and in line with guidance. A separate fridge was available for medicines requiring cold storage and temperatures were checked regularly. Arrangements were in place for the return and safe disposal of medicines and excess stock was kept to a minimum.

Clear systems were in place for recording when people took medicines out of the home, for example when they visited relatives or went on holiday. Information was clearly available for staff about people who required when required (PRN) medicines. These protocols helped ensure staff understood the reason for these medicines and how they should be given. The application of prescribed creams/ointments was clearly recorded and these types of medicines were appropriately stored.

People were involved in taking their medicines as much as they were able to. Staff got to know people's

preferences in how they liked to take their medicines. One person had a good knowledge of their prescribed medicines but would often refuse to take them at the time they were offered. Staff would record when the person declined and would continue to go back and offer them at a time when the person was more likely to agree to them being administered. The person's records had clear information about the timings of the medicines and the action they would need to take if the refusal to take them would be detrimental to their health and well-being.

People's medicines were kept under review with the GP and consultant psychiatrist and were reduced as much as possible. Staff had been trained to administer medicines to people safely. Action had been taken to provide staff with additional training where a medication error had occurred.

Is the service effective?

Our findings

People's relatives and other agencies spoke highly of the staff saying they were skilled and knowledgeable. Comments from relatives included, "It is a tricky balance, but the staff have been skilled at keeping people safe and allowing them to do things and be independent". Healthcare professionals said they were very impressed with the way staff supported and encouraged people to understand and be involved in matters relating to their medicines and healthcare needs.

Staff confirmed they undertook a thorough induction when they started working in the service. Comments included, "It was a very clear and thorough induction, I had no previous experience in care, I am now doing the Care Certificate to make sure I have the skills needed" and "I shadowed experienced staff for a week before working on my own, we always work in pairs, we are well supported". All new staff had a probation meeting after being in post for six months, to review their progress and to confirm their suitability for the post.

Records and certificates of training demonstrated a wide range of learning opportunities were available to staff. These included areas such as Health and Safety, Mental Capacity Act, and safeguarding adults. Comments from staff included, "I have never had so much training, it is relevant and tailored to each person's needs". The organisation offered all staff the opportunity to undertake training specific to the needs of people they supported. Staff learnt about autism, learning disability and about people's individual's conditions and needs. For example, staff had undertaken training in Post-Traumatic Stress Disorder and Suicide Intervention training to help ensure they had the skills to support a person who had experienced a traumatic incident resulting in high anxiety and suicidal thoughts.

There was a behaviour support advisor employed by the company. They provided advice and staff training in supporting people's communication and the techniques necessary to manage people's behaviour that may challenge. The registered manager said this guidance and support would be provided in liaison with other specialist learning disability and mental health services.

People sometimes had high levels of anxiety that could detrimentally affect them and others around them. Staff training had been specifically designed around people's individual needs so that staff had a clear understanding of how to support people effectively. Some people due to their behaviours had previously needed physical interventions several times a day and environmental restraints, which significantly restricted their opportunities. The registered manager had worked closely with the behavioural advisor and other agencies to consider ways of supporting people in a less restrictive way. Other agencies said they had been very impressed with how innovative the registered manager had been in helping people manage their anxiety and emotions. For example, they said one person had a history of making allegations, which had resulted in them having significant restrictions on their lifestyle and opportunities. They said the registered manager had a very low key approach to dealing with this person's anxiety, allowing them time to discuss their feelings and managing their allegations and complaints in a sensible and less dramatic manner. As a result the person had maintained their placement outside of a hospital setting with more opportunities available to them.

Behaviour management plans were in place for people to help staff understand the behaviour people may present, to recognise the triggers and signs and to manage the behaviours safely if they occurred. If it became necessary to use physical interventions including restraint or medicines this had been agreed with other health professionals and guidelines were in place. De-brief meetings were held with staff about techniques and consistency and to make sure restraint had been carried out correctly and appropriately and only as a last resort. There were discussion about what lessons could be learnt and support plans were reviewed.

Staff had one to one supervision meetings and an annual appraisal. The registered manager regularly worked alongside the staff team providing coaching and support and encouraging staff to question and analyse their practice. All staff said they felt well supported by their colleagues and management team.

Staff understood the importance of gaining people's consent and enabling people to maintain control over their lifestyle. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) MCA provides a legal framework for making particular decisions on behalf of people who 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in relation to the MCA. Staff put the key principles into practice effectively, and made sure people's human and legal rights were respected. Best interest meetings had been held when required and people had access to advocacy service when required to help them make decisions and consider issues relating to their care and lifestyle.

The registered manager had obtained Deprivation of Liberty (DoLS) authorisations for people when required. (These authorisations were applied for when it was considered necessary to restrict people for their own safety). The staff team had undertaken training and had a good knowledge of DoLS. Any restrictions were only in people's best interests, kept to a minimum and reviewed regularly to ensure they remained appropriate. For example, one person had displayed aggressive and challenging behaviour towards themselves and others. A number of meetings had been held to discuss the triggers for this behaviour and ways of supporting this person safely. It had been agreed the person was less anxious when they had space between them and the staff supporting them, but still required close supervision and monitoring for their safety. It had been agreed as part of a best interest meeting to fit a stable type door between the person's flat and communal hallway. This meant the person had a visible barrier between them and the staff supporting them, whilst also allowing them the choice to initiate contact when they wanted. Records confirmed these arrangements had been regularly reviewed to help ensure they remained appropriate and safe. Other agencies said the registered manager was very open about their practices and always sent a report of incidents and any occasions when a person had been restricted environmentally or physically.

Each person was supported to manage their health and had their own health action plan. People were supported to learn to manage routine check-ups like going to the doctors, dentist and optician. A good rapport had been developed between the staff and health care professionals and this helped ensure people's health care needs were met in a prompt, multi- agency and appropriate manner. People where possible were involved in decisions about their healthcare and treatment. For example, one person had a specific plan detailing their needs associated with their diabetes. They met regularly with the diabetic nurse and were fully involved with planning their care as well as administering insulin and checking their blood sugar levels. Signage had been placed around the person's flat to remind them of their daily routines and other relevant information such as diet and what they needed to do if they felt unwell.

If a person was unable to make a decision about medical treatment or any other big decisions then members of people's families, health professionals and social services representatives were involved to make sure decisions were made in the person's best interests. Independent Mental Capacity Advocates, (IMCA- an individual who supports a person so that their views are heard and their rights are upheld) had been involved in supporting people to make decisions in their best interests.

There were regular reviews of people's health and well-being with other health professionals and specialists. Multi-disciplinary meetings were held to discuss care, support and any restrictions needed including medicines.

Mealtimes were organised dependent on people's individual needs and wishes. A cook was employed in the home, but where possible people were involved in discussions about meals and preparation if they wished. Healthy eating was encouraged and information was available regarding particular dietary such as those associated with diabetes. People chose what time they wanted to have their meals and often ate out as part of activities. Support plans included information about people's likes and dislikes as well as any allergies. A malnutrition screening tool was used to assess risks in relation to people's diet, and weight was monitored when required.

Some people due to their needs and behaviours required their own separate living space with staff supporting them. Others were more able to use the communal areas and had some interaction with other people in the home. The layout of the home had been well organised to accommodate people's individual needs. For example, we saw one person being supported in their self-contained flat. They had access to all the facilities needed as well as their own enclosed garden area. Two people who required less support were able to come and go from their rooms spending time chatting with staff in the office and communal kitchen area.

Some parts of the home had fixtures and fittings, which had been in place since the service was registered as a hospital. For example, two doors leading into people's self-contained flats had a glass panel in the door, which had been used as viewing screens for people who required close observation. This was discussed with the registered manager as although these people required close observation viewing screens would not normally be used within a residential setting. Another person had large locks on a door between their accommodation and the communal area. The door was a stable door so the person could see out and had been agreed as part of a multi-agency and best interest process. The type of locks used and viewing screens in doors gave the home a less homely and more institutionalised appearance. The registered manager was very open to these discussions and said they would take these points into consideration when reviewing and making changes to the environment. They said they were in the process of commissioning a specialist to undertake a sensory assessment of the environment for particular people, which would further help them meet people's needs.

Is the service caring?

Our findings

One person we were able to speak with told us, "The staff are kind and I can talk to the manager if I ever have a problem". Relatives and people who were involved with the service were positive about the caring attitude of staff and the impact this had made on people. A relative commented, "[person's] previous experiences were not good, but the staff here seem to care about making sure they have new opportunities and maintaining relationships with family, it's hard sometimes because of their behaviour and safety but they just get on with it", and "I am very happy, if I had to sum it up, I think they provide, good, compassionate and safe care".

We observed a number of positive and caring interactions between people and staff. One person wanted to tell us about their role in the home as an 'Induction Officer'. They introduced themselves to us in the office and proudly showed us their ID badge with name and job role. They said this meant they showed any new staff around and told them about the home and the people who live there. The staff and registered manager were equally enthusiastic about this person's role and said the responsibility was very important for the person concerned and had improved their self-esteem, which had in the past been very low.

Staff spoke with enthusiasm and warmth about people's progress and achievements, comments included, "It is such a pleasure considering [...] past experiences in hospitals, medicines have reduced, they were previously dictated to, but now it's their life, their flat". All the staff said they loved their job and enjoyed going to work.

People's individuality and diversity was nurtured and people were treated with equal respect and warmth. Staff recognised the need for some people to behave in ways that could be considered detrimental to themselves, but were in fact a method the person had learnt to meet their own needs at an anxious time. For example, one person who required close monitoring and supervision would at times choose to be on their own when they felt particularly anxious. They would sometimes damage furnishings and personal belongings. A key card system had been fitted to the door into their flat so staff could withdraw and give the person some space when requested. The person was able to contact the staff when they wanted support and had a range of symbols to display on their door to tell staff if they felt calm and if it was okay for them to return. Consideration had been given to the layout of the person's flat and the type of furnishings, which had less risk of causing the person injury.

People's religious and cultural beliefs were known and respected. One person had expressed a wish to be baptised. The person's key-worker had arranged for a local priest to visit and had helped the person apply for a new birth certificate as part of this process. Another person of Italian origin had been provided with an Italian Communication passport to support them to communicate with people when they were outside of the home.

Staff showed empathy and encouraged people to challenge themselves, whilst recognising and respecting their lifestyle choices. One person displayed very high anxiety due to their mental health condition. We saw how they required regular reassurances from staff about negative thoughts they were or had experienced.

The staff demonstrated skills, compassion and understanding when supporting this person. They were consistent in their approach and talked with the person about their thoughts and how they could self-manage them and prevent them from interfering with their daily activities and lifestyle. Another person frequently refused medicines at the time they were offered by staff. During the inspection the person came to the office and said they didn't want to attend a routine health appointment. The staff responded in a calm and respectful manner, reminding the person of why they needed their medicines and the importance of health checks. They allowed the person time to think about the information and had also checked with the GP the times acceptable between medicines so the person could have some control and did not feel forced into doing things at a specific time or how other people wanted. Other agencies said this approach had been really effective for this person and believed as a result had been the longest community placement they had maintained following long stays in hospital accommodation.

Staff were calm, relaxed and confident in their role. All the staff we spoke with had a good understanding about people's likes and dislikes as well as important information about their past, interests and relationships. Staff were familiar with people's communication methods and used this knowledge and understanding to support people to make choices and have control over their lifestyle. People's bedrooms had plenty of personal belongings, which reflected their age, gender and particular interests. Family photographs were displayed and staff recognised the importance of these relationships.

Relatives said they felt welcome in the home, were complimentary of the staff and felt well informed about their loved one's care. The staff encouraged and supported relationships that were important to people. Some people were taken to their family's home for the day or short stays by staff. Staff supported the families by staying with the person if that was the best way.

Staff took time to get to know what was important to people and what made them feel comfortable and secure. Staff knew when people felt secure or when they were becoming anxious. For example, one person liked their environment to be quiet and could become agitated if too many people were talking. Staff were aware this person started to become agitated when we were speaking to them during the inspection so asked us to move away and speak in a different part of the building. We met another person who wanted to speak to us in the communal kitchen. Staff were aware of when the person had finished the conversation and was likely to become agitated if we continued to be with them. The staff thanked and praised them for meeting with us and supported them to think about what they would be doing for the rest of the day. This interaction and understanding clearly supported the person to manage their anxiety as well as feeling pleased that they had met and spoken with us.

People's privacy was respected. Staff said although people needed staff with them at all times they did consider their need for privacy and personal space. For example, staff said when supporting people with personal care they would when possible sit outside the bathroom, even if for a short time, allowing the person privacy, whilst ensuring they remained safe.

Is the service responsive?

Our findings

People were supported to lead active, meaningful and interesting lives. Relatives and other agencies said they felt the service was very responsive to the individual needs of people they supported. They said they felt the service had a very personalised approach to care, which resulted in people having an enhanced quality of life and making good progress in relation to their skills and lifestyle. Comments from relatives included, "The staff respond well to [...] different conditions and needs, it is a tricky balance but they are good at knowing how to deal with things and when they need professional input".

Some people had experienced breakdowns in their previous homes and had challenged traditional services. As well as previous hospital settings some people had also lived at Westbrooke Grange when it was registered as a hospital up until 2013. The registered manager had worked hard to change the culture within the service from one that could restrict people to one that supported people to lead the life of their choosing with fewer restrictions and more opportunities. For example, one person had experienced distressing situations in previous placements and had witnessed incidents, which had resulted in on-going anxiety. The person's behaviour had often resulted in them being secluded and restrained as a way of protecting them and others. Another person had a similar history of living in a hospital setting and had displayed aggressive and self-harming behaviour, which had again restricted their opportunities. The registered manager said they had decided to 'go back to basics' with these people. They said they helped staff understand the behaviours and with appropriate guidance, training and support encouraged staff to look positively at these people and to be less fearful of their behaviour. They said, "The training and guidelines are in place so staff know what they need to do to support people safely and appropriately".

Other agencies said they had been very pleased and impressed about how efficient and innovative the service had been in relation to people's specific care requirements. They said they were impressed with how the registered manager had responded in a very calm and sensible way to supporting people with very complex needs.

Staff came up with new ideas to help people. One person was given a few drops of herbal oil on a hanky, which had proved successful in calming them when they were particularly anxious. Staff and the registered manager also worked closely with other agencies to ensure people had their specific needs met. One person had a bespoke therapeutic package, which had been commissioned by the local authority and implemented by the staff team. The package included a therapy book for staff to help the person record their feelings and thoughts. Clear guidelines were in place for the action staff needed to take if any of these sessions suggested a decline in the person's mental health and if specialist psychiatric support was required. A comprehensive sensory assessment had also been completed for this person and four staff as well as a relative were due to attend sensory integration training to help ensure they had the correct skills to provide support.

An electronic system was used for recording people's support arrangements and daily progress. Staff were able to access each person's computerised record, which included a detailed health and social care plan as well as risk assessments and daily monitoring forms. The information was well organised and clearly

signposted staff to important information such as behaviour management guidelines and changes to support arrangements.

Each area of the support plan described the person's skills, preferences and the support needed by staff or other agencies. The plans were personalised and had been written from the viewpoint of the person concerned. For example, one plan described in detail the support a person needed to contact their family and how important these arrangements were to them. Another plan described in detail how the staff should communicate with a person. The plan stated '[...] likes staff to be open and calm it makes them feel safe'. The guidelines included information for staff about body language, proximity to the person, and facial expressions. All of the staff we spoke with were able to tell us in detail about the people they supported.

There was a system of review to make sure all the progress and developments were captured and the care plan constantly updated to make sure it was a useful working document. Each person had a designated link team who knew the person well and had responsibility for reviewing support plans and checking information was correct and up to date. The behaviour support advisor for the organisation also regularly reviewed people's support plans to help ensure the arrangements in place to support and manage people's needs in relation to their behaviour were appropriate and understood by staff. Where possible people were involved and attended their reviews and discussions about their care and support.

The service was responsive to people's changing need and made adjustments to the environment and the way care was delivered when required. For example, the analyses of incidents for one person had established incidents of challenging behaviour increased when they were in a noisy environment. The main office had previously been situated next to this person's flat, which meant they were subjected to the comings and goings of staff and others in the home as well as noises such as the telephone. The office had been relocated to a different part of the home, which meant the corridor to this person's flat only needed to be accessed by them or staff supporting them and was therefore quieter and calmer. This change had resulted in a significant reduction in incidents of challenging behaviour, which ultimately improved the person's well-being and opportunities.

All people living at the service needed support from staff to plan their day and occupy their time. Each person had a documented plan for the day, which was used to help ensure staffing levels and arrangements such as vehicles were organised and in place. Staff said this was very important to help ensure they could respond immediately to people's specific requests. One person had their own transport and two company vehicles were also available to take people out.

People were supported and encouraged to partake in activities and to go out as much as possible. We saw many examples of how people's opportunities had increased during their time living at Westbrooke Grange. One person had moved from a service where they had very limited opportunities. The registered manager said although it had taken a lot of support the person had gradually progressed by taking short walks with staff to the local shops and then going on their own to shops they felt safe and familiar with. On the day of the inspection they planned to go out to buy some Christmas presents for their family. Staff said they would be very specific about their task and would be welcomed in the shop by staff who had got to know them. They would then return home having purchased the items they wanted.

Another person had found opportunities outside of the home very difficult and any plans had often caused them high levels of anxiety. The staff helped them complete a story board for each activity, to help ensure everything was predicted and wouldn't come as a surprise, which could cause anxiety and distress. The service had also joined a local community initiative, which involved creating a police passport for the person so the police would be able to support and understand the person if they became involved in any difficult

incidents when they were out. This support had resulted in the person's opportunities significantly increasing. They had attended a large music and dance concert, which staff said was a "Huge achievement", and had been out more in the last three months than they had in the whole year.

Activities were reviewed regularly to ensure they remained appropriate and met the person's needs. One person who was reluctant to partake in activities and liked to spend a lot of time in their room had a plan in place for staff to offer them a different activity every thirty minutes for a period of ten minutes. Staff documented when the person engaged with an activity as a way of helping them understand and analyse what the person enjoyed. Even if they declined they were also offered a trip out every day.

A complaints policy and procedure was available and outlined clearly the action the service would take in response to complaints and the timescale for investigating them. The registered manager said the service had not received any recent complaints about the service. Staff were very aware that people in the service would not be able to understand and access the written complaints procedure. A range of different communication methods had been used to help people understand this information including an easy read document. A number of different systems were used to monitor daily how people were doing and to help establish if people were unhappy or had concerns. These included daily monitoring forms, handover meetings and the keyworker systems. The views of others such as relatives and other agencies were also listened to and acted on as a way of further ensuring people remained happy and confident with the service being provided.

Is the service well-led?

Our findings

Relatives and agencies involved with the home spoke highly of the registered manager and management of the service. Comments from relatives included, "The registered manager is really good, we are always able to speak to them, they will say and apologise if they have done something wrong, that is good and gives us a feeling of trust". A person we spoke with from another agency involved with the service said they were very impressed with the registered manager and their calm, sensible approach to supporting people. They said they felt this approach for some people had meant their placement in a community setting had been maintained for longer than previously experienced.

The registered manager said since taking up their position in 2014 they had worked closely with staff to promote a culture, which increased people's experiences by finding ways to help people overcome the obstacles that had previously restricted their freedom. There was a focus on people's strengths and achievements, enabling people to communicate their feelings and what they wanted without the need for behaviours that limited their opportunities. Staff understood this ethos and talked with enthusiasm about their work and people's progress. The registered manager said they felt the culture they promoted was gradually being embedded and understood by staff, and said other agencies had made positive comments and praised them for the progress they had made with people they supported. We saw some comments within correspondence sent to the home, which included, ' My experience of [name] is an extremely skilled and effective manager, which is reflected in the positive progress those who live at Westbrooke Grange make, and the competence of the staff team as a whole'.

The registered manager took an active role within the home, demonstrated a passion for the service and modelled high standards of care, through a hands on approach and attention to detail. They spoke with enthusiasm and passion about the progress people had made, "People have achieved so much, [...] went on holiday for the first time, and [...] is part of the community, in the past they have only ever had paid people speaking to them, now they have friends". Comments from staff included, "[the manager] is always available, there is a real culture of openness and support".

The registered manager maintained their own professional development by attending regular training and keeping themselves updated with best practice. They held a registered managers award, a Level 2 Certificate in an Introduction to Counselling Skills and an Open University qualification in the Introduction to Health and Social Care. In addition to specific training they had been involved in a number of projects and groups promoting positive aspects of care and driving value based work particularly in the area of recruitment.

There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. Staff meetings were held to provide opportunity for open communication. Daily handover meetings and monitoring forms helped ensure staff had accurate and up to date information about people's needs and other important information.

Staff said they felt valued because the registered manager involved them in all aspects of the service. They

told us what they said mattered, they were listened to and encouraged to suggest new ideas.

Information was used to aid learning and drive improvement across the service. We saw incident forms had been completed in good detail and included a section for staff to consider any learning or practice issues. Accident and incident reports were analysed to identify any trends developing and where preventative action needed to be taken. A behavioural advisor also had an overview of incidents to help ensure the correct action had been taken and to consider any practice or training needs for staff. Records were completed to monitor people's development and progress, so staff could see what needed to be improved. Daily logs were completed for each person and contained information about people's activities and well-being.

The office area was well organised and staff were competent about accessing and inputting information on the electronic computer system. Staff were able to access policies and procedures and were familiar with other important documentation such as incident reporting forms and behavioural charts.

Checks and audits were carried out regularly of the environment, records, medicines, personal finances and staff training. A daily task list was in place to help ensure all agreed checks and cleaning schedules were completed. The registered manager said they completed a monthly review of all records relating to people's care and where possible involved people in this process. Other senior managers within the company also carried out annual audits that had actions allocated to the registered manager to improve the service.

Feedback was sought from relatives and other agencies involved in people's care. Feedback from a recent survey was very positive and included, "The staff have worked extremely hard at supporting a very complex client make huge progress. Progress with this person is actually keeping them stable, they have done a brilliant job".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and had shared their response and plans for improvement to reduce the likelihood of reoccurrence.

The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.